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Police suspect homicide in death of 18-year-old

An 18-year-old man from Warrenton died Monday night from injuries resulting from "severe upper body trauma." Police are investigating the death as a homicide.

On Aug. 26 at 10:42 p.m., Fauquier County sheriff's deputies responded to a home on Old Auburn Road in response to a reported injury. Deputies found a man suffering from severe upper body trauma.

Deputies began to provide first aid, including CPR, but the victim's condition worsened. Emergency Medical Services personnel arrived and began treating the victim, who was transported to the Fauquier Hospital Emergency Department.

Lincoln Williams Jr., 18, of Warrenton was pronounced deceased soon after arriving at the emergency department.

The Virginia State Police is assisting FCSO with the investigation. Anyone with information is encouraged to contact the Fauquier County Sheriff's Office Criminal Investigations Division at 540-347-3300.

The cause of death will be determined by the Office of the Chief Medical Examiner.

Charles Porterfield, head football coach at Kettle Run High School, knew Williams when he was a player on the team in 2016.

Poterfield said, "The Kettle Run community is heartbroken by the news of Lincoln passing. Our hearts are with the Williams family in their time of sorrow. Lincoln was a stupendous football player and a marvelous person to be around. He possessed a magnetic personality which naturally drew people to him."

"Lincoln played on both our JV and varsity teams during my first year as the head coach of Kettle Run. We will always remember the joyous memories that we are privileged to have in knowing Lincoln."

'This has touched almost everyone'

How the opioid crisis impacts families, public services across the region

By Randy Rieland

PIEDMONT JOURNALISM FOUNDATION

Mothers sometimes ask Culpeper Police Chief Chris Jenkins to arrest their children.

Part 1 of a 4 part series on the opioid epidemic and its impacts on the community

It's the only way to save them, they tell him, because in jail, their sons or daughters can get the treatment they need.

But, as Jenkins points out, the notion that inmates have access to life-changing drug rehab programs is "nowhere near the truth."

At Fauquier Hospital, doctors and nurses have become painfully familiar with the challenges of caring for addicted mothers and their babies. In 2015, in fact, the rate of infants who went through drug withdrawal in Fauquier County was four times the state's rate. "We've had as many as five addicted babies in here at one time," said Jeremy Challet, a pediatrician at Fauquier Hospital. "The nurses need a break when that's all they're dealing with, day in, day out.



Chris Connell, who took in her grandchild when her daughter could no longer care for her, is now a recovery coach for SpiritWorks in Warrenton.

PHOTO BY KENNETH GARRETT

It certainly increased stress."

About 91 percent of the people at the Prince William County Adult Detention Center are either in jail on a drug charge or have admitted to having a substance abuse problem, according to Maj. Amanda Lambert, director of support services. "We're seeing more first-time offenders than ever before."

Earlier this year, officials in Rappahannock County scrambled to

launch a recruitment campaign for foster families because only one was available in the entire county. As a result, children needing foster care were being sent out of the county to more urban areas as far away as Richmond and Roanoke. Juvenile and Domestic Relations Court Judge Melissa Cupp said about half of Rappahannock's foster placements

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Opioids and babies

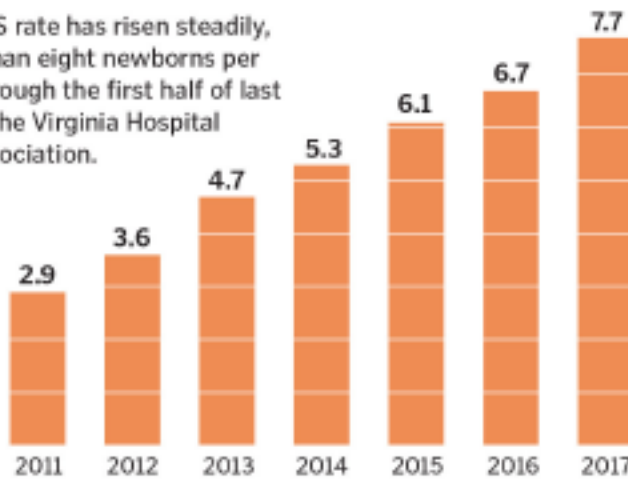
Since 2000, the rate of babies who go through drug withdrawal after birth—a condition known as neonatal abstinence syndrome (NAS)—has skyrocketed by more than 400 percent in the U.S., according to the Centers for Disease Control and Prevention.

At the turn of this century, only about one out of every 1,000 infants was born with NAS; now, in communities particularly hard hit by the opioid epidemic, it's typically seven or more babies per thousand hospital births.



In Virginia, the NAS rate has risen steadily, climbing to more than eight newborns per thousand births through the first half of last year, according to the Virginia Hospital and Healthcare Association.

Number of NAS babies per 1,000 births in Virginia



In Virginia's Piedmont region, the NAS rate in Fauquier County has consistently run above the state average, particularly in 2015 when it was four times higher. In recent years, the NAS rate in Culpeper County has also stayed well above the state's. In counties where there are not many births, such as Rappahannock, the rate can fluctuate widely from year to year.

Number of NAS babies per 1,000 births

Orange Jurisdiction's rate was equal to or above Virginia's rate

	2011	2012	2013	2014	2015	2016	2017
Virginia	2.9	3.6	4.7	5.3	6.1	6.7	7.7
Culpeper	2.9	16.8	17.6	6.2	4.5	20.1	19.8
Fauquier	10.4	4.4	18.3	16.2	24.8	19.5	14
Madison	0	24.8	7.8	0	13.6	21	7.5
Manassas City	1.4	4	2.6	4	5.2	8.1	10.5
Manassas Park	15.2	150	52.6	0	0	0	0
Orange	4.8	8.1	13.2	12.4	7.8	5.5	17.7
Prince William	1.6	19	2.5	3.2	2.7	5.1	3.6
Rappahannock	0	71.4	0	0	0	0	0

Source: Virginia Department of Health

Employed with the Rappahannock Department of Social Services, Jennifer Parker is the department's director and Kimberly Morris is family services supervisor.

PHOTO BY KENNETH GARRETT

How the opioid crisis impacts families,

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last year "had an addiction component."

These are just a few of the many ripple effects of the opioid crisis, an epidemic that has not just claimed more than 700 lives in Virginia's Piedmont region during the past decade, but has also shattered families, taxed law enforcement and social services, stressed first responders and health care professionals and shredded the fabric of communities that never saw it coming. And, for the generation of children being born to addicts, or into families with opioid abuse, some true ramifications may not be known for years.

"Most people don't realize the impact it has had on our community," said Culpeper's Chief Jenkins. "But this has touched almost everyone." Jenkins knows how deeply. In 2014, his 26-year-old son, Jordan, who had become addicted to opioid medications, committed suicide.

Babies in withdrawal

The high-pitched cry of a baby going through opiate withdrawal is a disheartening sound. With their nervous systems agitated and their brain receptors more sensitized, such infants often struggle to eat and fall asleep. They tend to have lower birth weights. They can sweat a lot and become dehydrated. They're jittery and highly irritable, and bright lights or the sound of a TV or even multiple people talking can upset them. Sometimes they scratch their faces.

"There's more brain activity during withdrawal," said Susan Werner, a pediatrician at Culpeper Medical Center. "Like the brain healing after a concussion."

Known as neonatal abstinence syndrome (NAS), it's a particularly disturbing side effect of the opioid epidemic. Fifteen years ago, roughly one out of 1,000 babies was born with NAS, according to the National Institutes of Health. Now, in many rural communities, it's closer to one in 100.

Data compiled by the Virginia Department of Health shows that births to addicted mothers peaked in Fauquier County in 2015, when they

were recorded at close to 25 NAS babies per 1,000 newborns. The number has dropped since then, but in 2017, it was still twice as high as the state's. In Culpeper County, NAS births occurred at triple the state's rate in 2016, although they did decrease slightly last year. While the NAS rate in Prince William County has stayed below the state's, it was still three times higher in 2016 than it had been five years earlier.

NAS babies are jittery and irritable. Sometimes they scratch their faces.

The cost of addicted infants

Because the babies often need to be medicated during their withdrawal—usually with methadone or buprenorphine -- their hospital stays can last for weeks instead of days.

Sometimes, they're there for as long as a month. Another complication is that pregnant women using addictive drugs are less likely to get prenatal care. It could be because they're afraid their baby will be taken away from them or they simply fear how harshly they'll be judged by a doctor. But the result can be more health problems for the newborn.

All of which drives up costs. The expense of caring for a NAS baby has been estimated as three to four times as much as for an infant born without the condition. Usually, NAS treatments are covered by Medicaid, but they've increasingly become a drain on state Medicaid programs. A study published in the journal Pediatrics last year estimated that NAS care added \$2 billion to Medicaid costs in the United States between 2004 and 2014.

So there's a sharpened focus on determining what kind of care works best in healing NAS newborns, according to Shannon Pursell, maternal and infant health coordinator for the Virginia Department of Health. "We're learning that babies who used to just be given pharmacological treatment if they had mild to moderate addiction symptoms are actually doing better with 'kangaroo care,'" she said. "Putting the baby skin-to-skin with mom. Breast-feeding. More mother-baby bonding."

Stress at home

What happens after the mother and baby go home can be a bigger challenge.



public services across the region

There's the risk that they're returning to a stressful environment, a situation that can quickly spin the mother back into the cycle of drug use. That could lead to the child being neglected or even abused.

Hospital staffs now try to better prepare the women for what can be a daunting transition to motherhood, often one with financial and emotional struggles. They're working more closely with child protective services to ensure that the mothers are able to take on both their own recoveries and their babies' care. Social service agencies do more of the follow-up work of ensuring that other family members are doing their part to keep the home safe and stable.

"If it's a case where the mother is barely hanging on in the methadone clinic and the dad is still using drugs, or the mother is a single parent, you're going to keep those babies longer until you're really sure that everything that needs to be done for the baby can be done," said Werner.

"This population in general can be a trying one to deal with," said Cheryl Poelma, director of women's health services at Fauquier Hospital. "But some families are really in a good place. They're getting help, they're in programs, and we're confident that by the time the baby goes home that there's a good plan in effect."

"Another positive we're seeing is moms being more honest with us from the beginning," she added. "We need them to tell us what's really happening with them. What are they using? What's their pattern? When they're forthright, we can get help quicker and more lasting results. And, as health professionals, I also think we've really grown in terms of not being judgmental."

Risk factors

Many pediatricians think that NAS babies may face more potential harm after opiate withdrawal than during it. To date, not enough research has been done to establish a clear physiological connection between NAS at birth and developmental problems later.

"In my experience," said Dennis Rustom, a physician at Piedmont Pediatrics in Warrenton, "most of the longer-term effects are social and psychological, rather than physical."

One big risk factor is the mental health of the mother, for whom drug use may have started as a form of self-medication. Or, as Rustom put it: "The impact on the baby may be wrapped up in why the mother became opioid-addicted in the first place."

Another is the toll addiction takes on a family's finances, sometimes in less obvious ways. "Parents who are addicted to opiates are often not able to pay child support," said Judge Cupp in Rappahannock. "Whether it's because they can't work or func-



tion, or because they're trying to get sober, and when they're in treatment, at least at the beginning, they may not be able to work. We've also had cases where the person responsible for child support died."

Then there are the destructive ripples it can stir up in families. "One thing that's really challenging is how deep this goes in affecting families—grandparents, other children, aunts and uncles. It's a far-reaching thing that's not easily solved," said Poelma.

She explained, "It's not like we can say, 'Take this medication and you'll be fine.' It's something they'll be dealing with the rest of their lives. You have little babies who start their lives in withdrawal, and then they're going to grow up in a family that needs help. The hard part is seeing the devastation it brings to families, and knowing how hard it is for someone to pull themselves out of it."

Sometimes they don't. It's not unusual for the parents, overwhelmed by their new responsibilities, to backslide into their old habits as users. Ultimately, a parent may realize he or she needs more intensive treatment in a residential facility. Either way, someone else ends up caring for the baby.

More often than not, it's family members. Often, the grandparents or an aunt and uncle rush in to take on the child-rearing. Other times, child protection services reach out to relatives, in line with the priority of keeping families together.

Moving a child isn't always the direct result of substance abuse, but the opioid epidemic has also had an impact there. While the number of cases handled by child protection agencies hasn't changed dramatically, their nature has, according to Marisa Sori, prevention supervisor in the Culpeper Department of Human Services.

"In the past, we focused more on truancy or food issues," she said. "Now we're seeing more abuse, including more sexual abuse and more drug abuse. That's the one that's increased the most. You're seeing more cases where parents are putting their children at risk. We're swapping truant kids for these more intense situations."

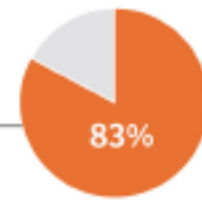
Martha "Mimi" deNicholas, program manager of Family and Child Services in Fauquier County, has witnessed the same trend. "The cases are certainly more complex now," she said. "You're dealing with mental health and how it's related to so many issues. Making a decision to return a child to a family can be very complex."

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A deadly decade

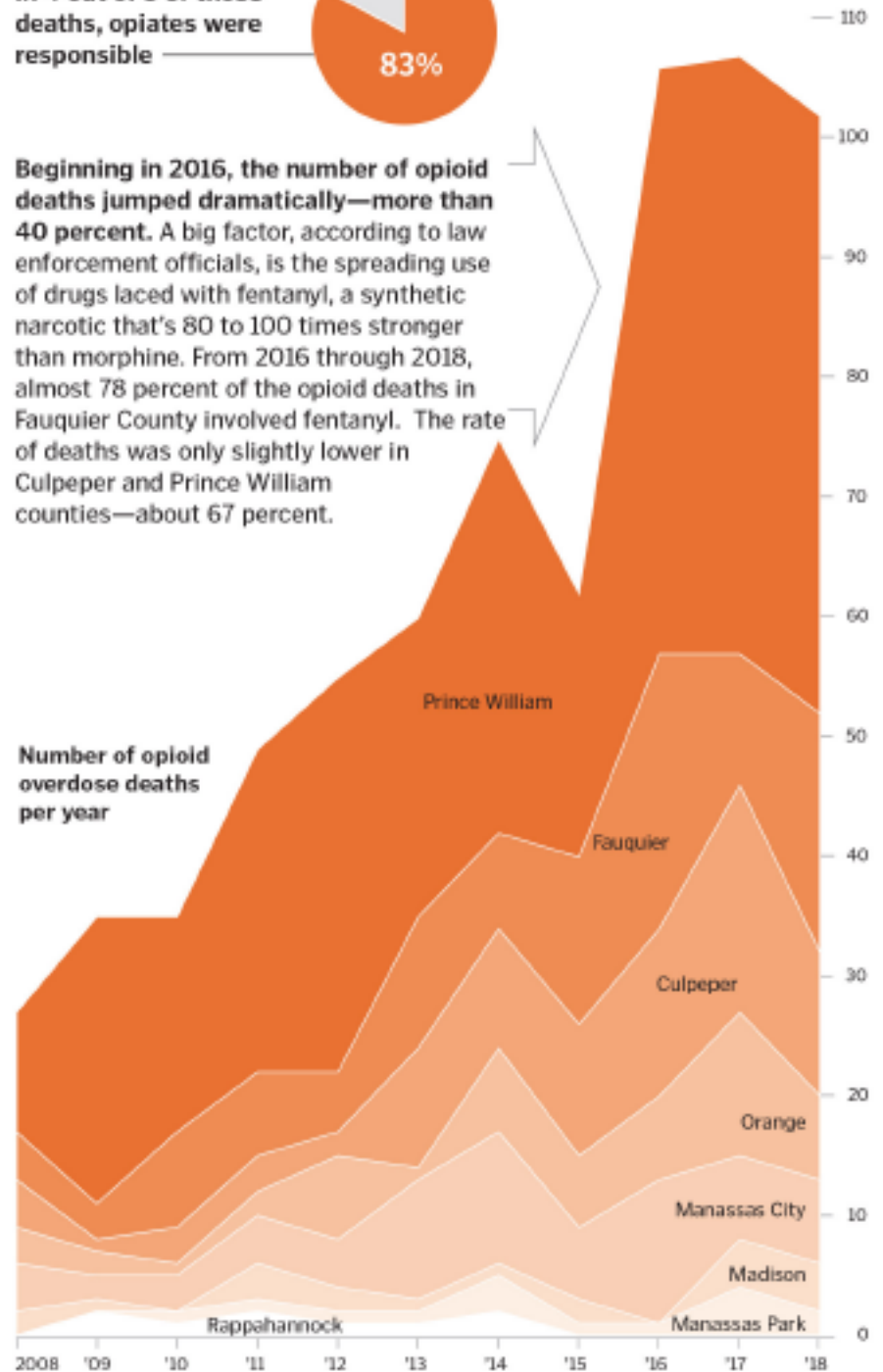
From 2008 through the end of last year, 859 people in Virginia's Piedmont region, including Prince William County, died from drug overdoses.

In 4 out of 5 of those deaths, opiates were responsible



Beginning in 2016, the number of opioid deaths jumped dramatically—more than 40 percent. A big factor, according to law enforcement officials, is the spreading use of drugs laced with fentanyl, a synthetic narcotic that's 80 to 100 times stronger than morphine. From 2016 through 2018, almost 78 percent of the opioid deaths in Fauquier County involved fentanyl. The rate of deaths was only slightly lower in Culpeper and Prince William counties—about 67 percent.

Number of opioid overdose deaths per year



Total opioid overdose deaths, 2008-2018

County	Total deaths	Deaths per 1000
Prince William	341	0.7
Fauquier	114	1.6
Culpeper	89	1.7
Orange	70	1.9
Manassas City	55	1.4
Madison	20	1.5
Manassas Park	15	0.9
Rappahannock	9	1.3

Source: Virginia Department of Health

For an inside look behind the article on the opioid crisis visit www.fauquier.com for a video interview with writer Randy Rieland.

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Finding foster care

When keeping a child within a family isn't an option — such as when the home situation isn't considered safe — social services turn to foster care. Ideally, they can place kids with a foster family that's been vetted and has received training and a home study. But maintaining an ample roster of foster families has been difficult, and they've had to instead send children to group homes, often far from their own homes.

That's particularly true in places like Rappahannock County, where the combination of aging demographics and the long work commutes of younger residents has kept the number of willing foster families in very short supply. In fact, by last fall, only four of the 23 children in foster care were actually living in Rappahannock. Others had to be placed in group homes or residential facilities in more urban locations hundreds of miles away.

That prompted Judge Cupp and Jennifer Parker, director of social services for Rappahannock County, to jump-start a foster-family recruitment campaign, primarily at churches in the community. It paid off. An additional seven families received foster-care training earlier this year.

That gives Parker's office some cushion to deal with crisis situations when a kid is removed from a home in the middle of the night. "I hope I never have to see another child sleep on our floor until we can find a placement for them," she said.

It also eases some of the pressure Rappahannock and other counties are facing as a result of Congress passing the Family First Prevention Services Act last year. The law doesn't go into effect until October, but it's meant to discourage foster placements in group homes by limiting federal funding support to only two weeks. Any costs beyond that period would have to be covered by the local government. Instead, the law will make more money available for mental health services and other therapy to help former addicts adjust to parenthood and hold their families together.

That approach to child welfare has been a challenge in Rappahannock, according to Parker, in part because people usually need to travel outside the county to get access to those counseling services. She is hopeful that the recent addition of a person dedicated to handling substance abuse cases—modeled after a similar program in Fauquier — will help change that. By her estimate, at least 75 percent of the cases for the 27 Rappahannock kids now in foster care involve substance abuse, including alcohol.

A social safety net

Foster families receive between \$500 and \$700 a month to help cover the cost of care. They also have access to social workers and counsel-



Culpeper Chief of Police Chris Jenkins believes that the opioid crisis, in one way or another, touches almost everyone.

PHOTO BY KENNETH GARRETT

ors. By contrast, those who provide what's known as informal kinship care — usually the grandparents — often plunge back into parenting with no financial support and only a vague notion of what they've taken on.

Yet, to a large degree, they've become the social safety net of the opioid epidemic. Without them, child welfare services around the state would likely be overwhelmed. But the impact on their own lives is often profound.

"Most go to grandparents, although in some cases, a baby ends up with great-grandparents," said Lisa Peacock, director of Culpeper Human Services. "Parenting has changed so much since they were parents. There's all the access to the Internet. What happens at school has changed.

"Think about it," she added. "You're living on a fixed income, just getting your Social Security check. And now you're raising your grandchild or great-grandchild. And you have your own health issues, and you have to worry about their future if something happens to you."

Anger issues

Then there's the anger. Chris Connell knows all about the anger. A little more than six years ago, she said, her daughter started using heroin soon after she had a baby. It wasn't long before she declared her-

self a "bad mom" and handed the infant to a friend. Then she overdosed.

She survived, but Connell and her husband, then in their 40s, took in their grandchild. The child has lived with them since.

LISA PEACOCK
Director,
Culpeper Social Services

"I was a terribly angry parent with my daughter," said Connell, who is now a recovery coach for SpiritWorks in Warrenton. "I asked her, 'Why can't you get clean for this baby? Why can't you step up and be a mom? Why can't you do the right thing?'"

In time, Connell joined Families Anonymous, a 12-step program for relatives and friends of addicts. "I was in a mess," she said, "and decided I needed to find a way to recover

so that I'd be a better role model for my granddaughter."

Her daughter and granddaughter have no contact, she said.

"Our granddaughter hasn't asked a lot of questions. We tell her she's a gift from God and she seems content with that right now," she said. "We're in counseling for how we

deal with telling her about her mother. Because I'm sure there's going to be a lot of questions."

But Connell is certain about one thing. She now believes she was wrong to condemn her daughter.

"I finally realized that it wasn't her choice to act like this. It's a disease. It's hijacked her brain."

'I lost myself'

Local mom struggles with life after addiction

From the moment she was born, Amanda was caught in the terrible swirl of addiction.

She went through withdrawal as a baby. Both her mother and father were drug addicts, she said. Her father died of cancer, but, she said, her mother "is still in active addiction." Amanda said she was born addicted to crack cocaine. She was raised by her grandparents near Manassas Park.

At 19, Amanda restarted the cycle with recreational use of painkillers. She got pregnant, but kept using pills, including Dilaudid. "I wasn't really educated about those drugs," said Amanda, who spoke on condition her full name not be published.

Luckily, her baby daughter didn't have to be treated for addiction. But Amanda's drug use worsened and she turned to crime to support her habit. Bad checks, credit card fraud, probation violations. She spent a total of almost six years in prison, and in the process lost custody of her daughter, who now lives with the father's aunt and uncle. At their request, Amanda has had no contact with her daughter for eight years.

Not long after she got out of the Prince William Adult Detention Center in 2016, Amanda became pregnant again. She had gotten clean in prison, but relapsed into using cocaine early in her pregnancy. Through a recovery program, she was able to start medication-assisted treatment, first by taking Subutex, then methadone. Her baby, another daughter, needed to be medicated after her birth, and stayed in the hospital for almost a month.

She admits that she sometimes catches herself judging other young

women using drugs while they're pregnant. "I'll think, 'How can they be so selfish?'" she said. "I have to remind myself that I was that person.

"It's not like you're not thinking of your child," she added. "You're just too far into addiction that you're not really aware of anything else. My baby wasn't my priority. I just didn't want to be sick."

Amanda, now 32, has been on a methadone regimen for two years, with the dosage steadily reduced. She says she is committed to staying away from drugs and rebuilding a life with her 2-year-old. "I'm a single mom. I'm an addict. I'm a felon," she said. "It's hard ... it's hard."

Recently, it got harder. A judge awarded temporary custody of her young daughter to the girl's paternal grandmother. According to Amanda, he felt she needed more therapy to help her cope with the stress in her life. "He wants to make sure that mentally I'm more stable," she said.

"Having to deal with this right now is extremely hard," Amanda said. "Addicts don't really cope with things well. We numb our feelings to escape reality. But it's temporary. They say everything happens for a reason. I do believe it will be okay in the end."

Amanda doesn't try to pretend that her path forward won't test her. She knows her addiction has followed her, along with the nine felonies that came with it. She has been to several job interviews, but hasn't been called back. She doesn't have a car. For now, she's living with her boyfriend, who is supporting her during her therapy.

Her daughter steals her resolve.

"Every day I need to do whatever I have to do for her," she said. "I'm not where I want to be, but I'm better than where I was."

"I lost a lot from being an addict. I lost one kid. I lost myself."

—By Randy Rieland

WHERE TO GET HELP

Virginia's Piedmont has no shortage of help for opioid addicts and their families. Here is a sampling of available resources. Some require payment; some are free. Some are local resources, some national.

Phone helplines

Delphi Behavioral Health Group addiction center: 888-367-9987
Legacy Healing Center addiction resource: 888-459-5511
Crisis Hotline: 540-825-5656
Crisis Text Line: Text HOME to 741741
Peer2Peer Warmline: 833-626-1490
Substance Abuse Hotline: 800-662-HELP

National Suicide Prevention Lifeline: 800-273-TALK

Family support and information Come As You Are Coalition (CAYA):

This organization maintains an extensive online listing of resources, treatment options and support groups. Go to cayacoalition.org.

Families Anonymous: A 12-step program for relatives and friends of people with drug, alcohol or related behavioral issues. <https://www.familiesanonymous.org/>

Families Overcoming Drug Addiction (FODA): A support group for addicts and families dealing with addiction. Meets first and third Thursdays at Fauquier Hospital. Email Caroline at MyFODAFamily@gmail.com for more information.

Mental Health America of Fauquier County: Provides information and guidance on mental health and addiction resources and treatment for residents and Fauquier and Rappahannock counties. Call (540) 341-8732 or go to www.fauquier-mha.org.

Nar-Anon: A 12-step program for families and friends of addicts. <https://www.nar-anon.org/find-a-meeting>

National Alliance of Mental Illness (NAMI): Piedmont: Family support group meets third Mondays at 6:30 p.m. in the Sycamore Room of Fauquier Hospital. Website: namipiedmontva.org Prince William: Family support groups meet third Tuesdays at 6:30 in Haymarket Gainesville Community Library, and second Tuesdays at 7 at Sentara Potomac Hospital in Woodbridge. Website: <https://nami-pw.org/>

Survivors for Life: Suicide support group meets third Mondays at 7 p.m. in the Rappahannock-Rapidan Community Services office in Culpeper. Call 434-825-8913.
Virginia Veteran and Family Support: Offers assessments of individual and family needs and also peer and family support groups. Call 540-840-3003.

Recovery support

Celebrate Recovery: A Bible-based, 12-step recovery program that meets Fridays at the Bridge Community Church in Warrenton. Call 540-341-7409 or email celebraterecovery@bridge4life.com
Narcotics Anonymous: Twelve-step recovery program. Call 800-777-

1515 or to find times and locations of meetings, go to <https://meetings.intherooms.com/meetings/search>.

Restore Culpeper: A 12-step, Christ-centered program for those struggling with addictions and also family members. Meetings on Monday nights at The Refinery in Culpeper. Email Restore@mountainviewcc.net.

Sex, Drugs and God: Nonprofit organization offering peer addiction counseling in Culpeper, Fauquier, Rappahannock, Orange and Madison counties. Call 540-779-0088 or go to sexdrugsandgod.com.

SpiritWorks Recovery Center: Peer-to-peer addiction recovery support in Warrenton. Call 540-428-5415 or go to spiritworksfoundation.org.

Outpatient treatment and counseling

Chrysalis Counseling Centers: Substance abuse assessments and individual and family counseling. Culpeper office: 540-727-0770; Warrenton office: 540-347-0613. Website: www.chrysaliscenters.com.

Family Focus Counseling Services: Substance abuse assessments and counseling. Culpeper office: 540-829-9666; Warrenton office: 540-349-4537. Website: www.familyfocusva.com.

Health Connect America: Substance abuse evaluations and therapy. Culpeper office: 540-317-1404; Website: www.healthconnectamerica.com.

National Counseling Group: Mental health and substance abuse counseling. Culpeper office: Phone: 540-825-0705; Manassas office: 703-257-5997. Website: www.ncgcommunity.com.

Prince William Community Services: Substance Abuse Services provides outpatient treatment, including clinical assessments and individual and family therapy. Manassas clinic: 703-792-7800; Woodbridge clinic: 703-792-4900.

Rappahannock-Rapidan Community Services Board: Provides outpatient mental health and substance use clinical assessments to determine the treatment needed. Warrenton clinic: 540-347-7620; Culpeper clinic: 540-825-5656
SaVida Health: Opioid and alcohol addiction centers that offer outpatient medication-assisted treatment and counseling services. Culpeper: 540-827-4274; Woodmont: 703-214-5825.

Inpatient treatment
Boxwood Recovery Center: A 28-day residential drug treatment center in Culpeper that provides individual, family and group therapy. 540-825-3100. Website: www.Rrcsb.org/boxwood-recovery-center.

Edge Hill Recovery Treatment Center: Residential, non-medical 12-step recovery program at center in Winchester. 540-662-8865.

Prince William Medical Center Novant Health: For inpatient addiction treatment, call 703-369-8864. For intensive outpatient treatment (IOP), call 703-369-8404.

— Compiled by Randy Rieland

ABOUT THIS SERIES: RIPPLE EFFECTS

The project

Opioid Ripples is an ongoing series produced jointly by four organizations: two independent, nonprofit civic news organizations, Piedmont Journalism Foundation and Foothills Forum; and two media companies, Piedmont Media and Rappahannock Media. The nonprofits provide the research and reporting; the media companies decide when and what to publish in their newspapers and on their websites.

Piedmont Journalism Foundation focuses on Fauquier and surrounding counties. For more information, see piedmontjournalism.org.

Foothills Forum, founded in 2014, and Piedmont Journalism Foundation, founded in 2018, were created to increase in-depth news coverage and public discussion of issues in their communities.

Foothills Forum focuses on Rappahannock County. For more information, see www.foothills-forum.org.

Community support of the nonprofits makes this and other projects possible. Funding for this series comes in part from the PATH Foundation, which provides grants to improve health and vitality in Fauquier, Rappahannock and Culpeper counties.

Coming soon:

- The harsh reality is that most addicts relapse. Multiple times. We'll look at why recovery is so hard and how local communities are struggling to meet diverse treatment needs.
- How the role of police in dealing with the opioid epidemic is shifting from making arrests to educating the public.
- For all the raised awareness about opioid addiction, its stigma persists and plays out in many ways. Also, how are other communities dealing with the challenges of the opioid crisis?

What do you think so far?

Let us know what you think of this regional reporting project. Send feedback to rearl@fauquier.com.

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PHOTO BY KENNETH GARRETT

Caroline Folker of Warrenton founded Families Overcoming Drug Addiction after her teenage daughter died of a heroin overdose.

Recovery: A slow, painful road

Region suffers from a shortage of opioid treatment centers

By Randy Rieland

PIEDMONT JOURNALISM FOUNDATION

It was agony enough that their 19-year-old daughter died of a heroin overdose.

After all, Brian and Caroline Folker had always thought Fauquier County was a safe place to raise their two daughters. After much research, they had picked it as the place to live when he was trans-

ferred from London to a job in Vienna, Virginia.

But it seemed like unnecessary cruelty to have Kathrine die not long after a stint in an addiction recovery center, after being buoyed by so much relief and hope. Through their terrible ordeal, the couple learned one of the awful realities of addiction. Most addicts relapse. Multiple times. Even after they receive treatment.

Kathrine had been in the Edgehill Recovery Retreat in Winchester for only two weeks when she left. She told her parents she was afraid she would lose her job if she stayed any longer. She also told them she would be fine.

"It turned out to be a perfect storm," Caroline Folker said. "My anxiety-ridden, naive follower of a daughter.

Very easily influenced and living in a time and place when this epidemic hit. She might as well have had a bull's-eye on her back."

Caroline Folker and her husband have since separated, a consequence, she said, of their daughter's struggle with addiction and her death.

See **OPIOID**, page 6

Part 2 of a 4 part series on the opioid epidemic and its impacts on the community



TIMES STAFF PHOTO/ROBIN EARL
Animal Control Officer Sgt. David Lee checks on one of the dogs taken from a southern Fauquier facility.

Fauquier SPCA steps up to handle canine crisis

80 dogs seized from alleged puppy mill in southern Fauquier

By Robin Earl

TIMES STAFF WRITER

Dog pens at the Fauquier SPCA are housing dozens of curly-haired dogs that were seized from an alleged puppy mill in southern Fauquier last week. When SPCA Executive Director Devon Settle or SPCA veterinary physician Dr. Elizabeth Krause walk by, some dogs retreat to the back of their pens, trying to get as far away as possible from the footsteps. Others bark aggressively. At least one dog seems extra protective of her tiny puppies; the front of her pen is covered with a blanket to offer her some peace from human activity.

The Casanova animal shelter was overwhelmed on Sept. 11, when Fauquier County Animal Control deputies seized 80 dogs in

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PHOTO BY KENNETH GARRETT

Dr. Ash Diwan, physician with Piedmont Family Practice in Warrenton, is an advocate for medication-assisted treatment.

OPIOID, from page 1

Recovery can be a painfully tortuous process, one that often takes years of treatment and counseling, not to mention much patience and support from family and friends. There is no quick fix, no surefire cure. And, unfortunately, Virginia's Piedmont region is playing catch-up when it comes to both short-term treatment options and long-term assets, such as recovery housing, which can be critical for those trying to make the transition to a more normal life.

That's a big part of the challenge facing communities like Warrenton, Culpeper and Manassas. Organizations such as Piedmont CRUSH (Community Resources United to Stop Heroin) have taken a crucial first step by bringing together groups dealing with different aspects of the opioid crisis — from law enforcement to social services to health care.

But fighting this epidemic requires a long-term commitment to providing the services that help recovering addicts try to pull their lives back together, says Steve Williams, mayor of Huntington, West Virginia.

Huntington is often described as ground zero of the opioid epidemic. In 2015 alone, police and first responders in the town of 50,000 people handled more than 700 overdose calls; 58 of its residents died.

"Frankly, I think it's the greatest existential threat to our nation," Williams said. "If there was not another opioid tablet sold, or another gram of heroin illicitly distributed, we would still be dealing with the consequences of the opioid outbreak for the next 30 to 50 years."

Changing the brain

Fewer than one out of five opioid addicts get treatment, according to the National Institute on Drug Abuse. For those who do, the like-

lihood of relapse is high. A study published in *Journal of the American Medical Association* concluded that somewhere between 40 to 60 percent of those treated for addiction relapse within a year. Typically, that can be the first of a half dozen or more setbacks.

Ash Diwan, a physician at Piedmont Family Practice in Warrenton and a proponent of prescribing medications to assist recovery, believes the reason has to do with the profound impact opioids have on a human brain.

"If you're really hungry and you have a delicious piece of chocolate cake, it increases the dopamine released in our brain by 20 to 30 times," he said. "But with something like heroin or oxycodone, it increases that dopamine about 1,000 times. If that's done chronically, there's nothing the body can do to mimic that level of well-being."

"Chronic use resets that reward pathway far away from where it should be. So, even if we detox a person and they are no longer taking any opioids, we haven't really changed their biochemistry at all. It really takes a lot of time for the brain's reward center to get back to a normal state."

Holes in the system

That's why smooth transitions from one phase of recovery to another are so important. The softer the landings, the more likely a recovering addict can stay on track. Ideally, a well-integrated continuum of services is available — from early intervention to acute care to transition housing. But in this region, there remain significant gaps in that

path, says Jim LaGraffe, executive director of the Rappahannock-Rapidan Community Services Board, which operates the Boxwood Recovery Center in Culpeper.

Boxwood is the only facility in the five-county region that offers medical detox and 28-day inpatient substance treatment. It has six beds dedicated for the former and 26 beds for the latter. As a publicly funded center, Boxwood is for patients on Medicaid or with no health insurance; they pay on a sliding scale. People with private insurance are referred to private addiction treatment centers outside the region. A month-long stay at those places can cost as much as \$20,000. How much insurance covers varies widely, but most private rehab centers offer financing plans.

"Boxwood is an intense treatment facility," LaGraffe said. "But when people come out of there, some still

need a supportive residential program. That's also really lacking in this area. People have to go to the D.C. suburbs or elsewhere for residential programs. It's a real hole in our support system."

He is referring to the absence of residential facilities for patients who would benefit from further clinical oversight -- such as a person who

still has cognitive issues from their substance use -- or where recovering addicts can live in a supervised environment as they sharpen the skills needed to thrive in the larger community.

When there's not what LaGraffe called a "gentle handoff" to the next stages of recovery, when patients have to make too abrupt a reentry to

See OPIOID, page 8

An addiction glossary:

Abstinence-based: The model of treatment based largely on peer support rather than the use of medications. The commitment to abstain from alcohol and drugs is a core element of 12-step programs such as Alcoholics Anonymous, Narcotics Anonymous and Celebrate Recovery.

Acute care: Early phase of treatment during which detox can occur and a person is stabilized under medically managed or monitored care in a residential facility. Usually lasts about a month.

Assessment: A process used to evaluate an addict's condition and determine his or her medical, psychological and social needs. It usually involves biological tests, such as blood and urine samples, as well as a clinical diagnostic interview, and is the first step in developing an appropriate treatment and recovery plan.

Drug courts: Special courts that take a public health approach to drug-related crimes. Judges, attorneys, probation officers, law enforcement, mental health agencies, social services and treatment communities work together to help addicted offenders get into recovery programs.

Employee assistance programs: Voluntary intervention programs offered by employers to support employees dealing with mental health and emotional issues, including substance use. Services offered may vary, but they include providing employees with free, confidential assessments, short-term counseling and follow-up services.

Harm reduction: Strategies, policies and programs meant to reduce the negative consequences associated with drug use. Examples include clean-needle exchange programs designed to reduce cases of hepatitis and HIV, and wide distribution of Narcan to save overdose victims.

Intensive outpatient program: A nonresidential clinical treatment where patients participate in hours of individual and group therapy sessions several days a week for as long as four months. It enables people still early in their recovery to transition to living at home and working in a job while getting intensive therapy.

Medication-assisted treatment: Combines behavioral therapy with use of FDA-approved medications, including Suboxone, methadone and naltrexone.

Narcotics Anonymous: Modeled after the principles, practices and structure of Alcoholics Anonymous, it's a 12-step program for individuals struggling with drug use. NA has regular open meetings in more than 100 countries.

Oxford House: A concept of recovery housing where rent-paying tenants live in democratically run homes where they must abstain from alcohol and drugs and follow other house rules or they are evicted. It's based on a model created by the nonprofit Oxford House Inc.

Peer support groups: Structured nonclinical programs in which people recovering from substance abuse get support from peer-sharing their own experiences with recovery. Best known peer-to-peer groups are AA and NA.

Peer counselors: Trained and certified counselors who have long-term recovery from addiction and are providing help and counseling to those still trying to recover.

Recovery coach: A person who works with a recovering addict to make better life decisions and spend less time struggling with overcoming their situation. He or she can assist in many aspects of recovery, from following through on treatment to rebuilding trust from family members and friends.

— Randy Rieland

Stigma prevents addicts from seeking treatment

But education and new programs are helping

Sometimes when people show up for the Friday night Celebrate Recovery meetings at the Bridge Community Church in Warrenton, they're hesitant to leave their cars. Greeters are assigned to the parking lot to welcome them.

"People have so much shame and embarrassment and they're fearful of coming in and exposing too much of themselves," said Pat Smith. "But that's exactly what will set them free and put them on a journey to recovery."

But recovery from addiction is an intensely personal and unpredictable matter. What works for one person may do little to keep another from relapsing. For many years, the treatment model of choice has been built around abstinence and accountability, epitomized by 12-step, peer-to-peer support groups, such as Alcoholics Anonymous and Narcotics Anonymous. Celebrate Recovery follows many of the same principles, only with a sharp focus on the scriptures.

In recent years, however, attitudes about recovery have begun to shift, particularly among medical and public health officials. More now advocate combining counseling and behavioral therapy with medication-assisted treatment, in which addicts are prescribed FDA-approved drugs that reduce cravings and suppress withdrawal symptoms as they try to rebuild their lives. A 2016 report from the U.S. surgeon general's office, titled *Facing Addiction in America*, concluded that MAT "is a highly effective treatment option for individuals with alcohol and opioid use disorders. Studies have repeatedly demonstrated the efficacy of MAT in reducing illicit drug use and overdose deaths, improving retention in treatment, and reducing HIV transmission."

For Pat Smith and her husband, Wally, though, the fight against opioid addiction is intertwined with their faith. Both are chaplains at Fauquier Hospital. He is also chaplain for the Warrenton Police Department. Seven years ago, she started a local version of Celebrate Recovery at the Bridge Church. She did so at the suggestion of their son, Brian, who went through numerous treatment programs during a 15-year battle with addiction before dying of a heroin overdose in 2016 at 31. His first exposure to opioids came when he was 14; he was prescribed OxyContin after knee surgery.

"He said, 'Mom, I've been in so many programs, and the best one is Celebrate Recovery because it deals with the entire person,'" Pat Smith recalled. Its focus, she noted, is not just on helping people deal with drug addiction and alcoholism, but also anger issues, food or sexual addictions, even loneliness. After Brian's death, she started another Celebrate Recovery program for inmates at the Fauquier County Jail.

She believes Celebrate Recovery can be effective because "it's a safe, confidential space for sharing all the junk in your life. You see how other people dealt with their horrible life issues, and it makes you think, if they can do that, I can surely do it."

Brian, she said, had been dubious about medication-assisted treatment, which he saw as just using one drug to counteract another. He told his parents that he had been able to trade his prescrip-



PHOTO BY KENNETH GARRETT

Wally and Pat Smith are chaplains at Fauquier Hospital. Pat Smith started a recovery program at the Bridge Church.

tion medication Suboxone for heroin on the street. That's a criticism of Suboxone, the brand name for a drug that is frequently used in MAT. Because it's dispensed in a monthly supply of either tablets or small strips of film held under the tongue, addicts can trade or sell it illegally.

To prevent that from happening, doctors will require Suboxone patients to follow a regimen that allows their use to be closely tracked. "Patients on Suboxone have certain responsibilities," said Ash Diwan, a Fauquier physician certified to provide medication-assisted treatment. "Once we prescribe it, we'll do random pill counts with them to make sure a person is using it as prescribed, and that they still have the rest of the medication they're supposed to take for the month. We'll make sure they're going to counseling. Every four to six months, we'll try to lower the dosage."

Suboxone is meant to be a replacement medication that essentially buys time, stabilizing an addict's overpowering cravings so they can get the most benefit from therapy. Diwan's goal is to prescribe it for a person for a year or two so "they can get their life back together."

"Suboxone is a tool, not a cure," said Alta DeRoo, a long-time obstetrician and board-certified addiction physician who now works in the SaVida Health office in Culpeper. "Opioids have really diseased their brains. They need time to rehabilitate their brains and their habits back to normalcy."

Since such a high percentage of inmates are addicts — the U.S. Bureau of Justice Statistics estimates that nearly two-thirds are drug dependent or drug abusers — some local and county jails have begun to offer MAT programs. It's still less than 10 percent, but as jails have become a front line in the opioid epidemic, more are exploring how medications like Suboxone and Vivitrol can help inmates avoid relapses and overdoses when they return to the outside world. Vivitrol, another FDA-approved medication, prevents someone from getting high if they use opioids.

There is some early research reflecting the impact of jail MAT programs. After Rhode Island

Celebrate Recovery: A Bible-based, 12-step recovery program that meets Fridays at the Bridge Community Church in Warrenton. Call 540-341-7409 or email celebraterecovery@bridge4life.com.

instituted MAT in 2016, the percentage of fatal overdoses involving people recently incarcerated dropped from 15 percent to 6 percent of the total deaths. In Virginia's Piedmont, the Rappahannock-Shenandoah-Warren Regional Jail in Front Royal recently began offering MAT, and the Fauquier County Jail and the Prince William County Adult Detention Center are setting up programs.

But the majority of those with an opioid addiction aren't in jail — roughly two-thirds, according to the National Institutes of Health. If they want to try to recover by using MAT, though, it can be difficult to find doctors who can prescribe the medications. One of the ironies of the opioid epidemic is that any doctor can prescribe painkillers, but if physicians want to give patients Suboxone or buprenorphine (one of its principal ingredients) to treat addiction, they must first take an additional eight hours of special training and receive a federal waiver from the Substance Abuse and Mental Health Services Administration. According to SAMHSA, fewer than 7 percent of U.S. doctors have the required waiver.

Part of the reason is that many family-practice doctors haven't had a lot of experience in treating opioid addiction and may be reluctant to ask patients about whether or how they use opioids.

"There's been slow progress in the medical community in this regard," said Diwan. "If you're not really trained with it and are not really sure what to do. You may avoid screening for this when you meet with patients. But unless you actually screen, you never know who's in this situation — from the soccer mom to the tree worker to a physician."

DeRoo said the stigma of addiction also can play a role.

"You have to have buy-in from the doctors," she said. "Some doctors will say I don't want that population in my office. But those people are already in their office. Addicts are people like you and me."

OPIOID, from page 6

a more normal life, the risk of relapse rises.

He said the CSB is moving forward with plans to open what's known as an Oxford House in Fauquier County, which would be the region's first. These are the least structured recovery residences, based on a model where rent-paying addicts live together with strict rules against drinking or using drugs. Any violation can get a person voted out of the house.

Fauquier County will be getting a new residential facility later this year when the PATH Foundation and the Herren Wellness Group -- created by former NBA player Chris Herren -- open a 21-bed center for recovering addicts. With its focus on "spiritual and personal growth," the Herren Wellness Retreat at Twin Oaks will promote recovery through yoga meditation, exercise and individual and group coaching. The costs of a month's stay will be about \$15,000. While the center will be self-pay, with no insurance accepted, several beds will be reserved for people paying a reduced rate on a sliding scale.

Staying in treatment

Residential recovery after detox isn't an option for many people financially, or they aren't able to be away from their families or a job for that long. An alternative is an intensive outpatient program (IOP). It requires patients to get three hours of individual or group counseling three times a week for at least three months.

It's demanding but permits those who still need concentrated treatment to have flexibility. "The problem is that too many people are lost after they go through a detox program," said Diwan, who hopes to have an IOP available within the next month. "This is a good way to get them back into treatment."

Unfortunately, only a few practices in the region offer IOPs. Earlier this month, the nonprofit Youth for Tomorrow began offering intensive outpatient treatment for substance abuse at the Warrenton office it opened in June. But that program is only for teenagers between 13 to 17. They have nine hours of therapy a week, similar to the program at Youth for Tomorrow's Woodbridge office.

LaGraffe says his agency would also like to be able to offer an IOP. But he has found it is that it can be difficult in rural areas to recruit clinicians to work in addiction treatment. Also, the lack of public transportation makes it hard for people to get to therapy sessions, particularly when they're three times a week.

While cheaper than residential programs, the cost of IOPs is not insignificant. It varies based on a person's health insurance, but the co-pay can run anywhere from \$25 to \$95 a day. For someone getting counseling three times a week for three months, that adds up. Diwan is arranging to be able to accept Medicaid patients.

"I think it's better in some ways than someone transitioning into another recovery residence," he said, "because it makes you have to have some responsibility, and being out there getting your life restarted while you're still getting counseling."

"Crawling below the sewer"

When Dan Obarski meets with drug overdose patients in the emergency room of Culpeper Med-



PHOTOS BY KENNETH GARRETT

Jim LaGraffe is the director of the Rapidan-Rappahannock Community Services Board, which operates Boxwood Recovery Center in Culpeper.

ical Center, the best-case scenario is that they realize their lives have gone off the rails. As a peer recovery specialist, he asks a lot of questions, with the intent of edging them to an epiphany.

"I don't ask them to do anything," he said. "My goal is to get them to a place where they're going to admit they have a problem and that they're ready to accept help."

Two years ago, Obarski started a nonprofit called Sex, Drugs and God to help others fighting addiction. As someone who overcame his own alcohol abuse through counseling and a church "accountability" program, he said he can pretty much tell who is serious about taking on recovery and who is telling him what they think he wants to hear. "Addicts are manipulators, but I'm very good at smelling BS," he said.

If a person seems sincere, Obarski will lay out recovery options. It might be 28 days in residential detox. It could be a 12-step program like Narcotics Anonymous, or one that's deeply Christian, such as Celebrate Recovery. If a patient asks about medication-assisted treatment -- which involves using FDA-approved drugs in conjunction with therapy -- Obarski will connect him or her to doctors certified to prescribe those medications.

He has a contract with the Rappahannock-Rapidan Community Services Board to see overdose patients at the hospital if they express interest and sign a release. He also meets with a small group of inmates every week at the Culpeper County Jail. Obarski helps them try to prepare for what is often a perilous transition to life on the outside without drugs.

"When you're coming out of addiction," he said, "you're crawling below the sewer."

Life after jail

The grim reality is that addicts who have been incarcerated usually restart their lives in a deep hole. They've lost their jobs and often their driver's licenses, frequently due to unpaid court fees and fines. They've likely burned bridges with family members and friends, so they may not have a place to live. And, they're still addicts.

The relapse rate soon after leaving jail is high. In fact, a study published last year in the American Journal of Public Health found that in the first two weeks after release, former inmates were 40 times more likely to die of an opioid overdose than someone in the general population.

"Recovery, honestly, is a hard life to live," said Chris Connell, who as program manager for the SpiritWorks Foundation in Warrenton oversees a recovery therapy program at the Fauquier County Jail. One big part of the process, she noted, is staying committed to avoiding the people and places that shaped their lives as active addicts.

"If they don't have a lot of support on the out-

side, they fall back into the trap and go right back to what they know," she said.

Often, after being so intensely focused on doing whatever they felt necessary to avoid being "dope sick," they struggle with the more prosaic details of recovery, such as making and keeping appointments with doctors and counselors.

So, peer counselors and coaches -- people who themselves have battled with addiction -- are seen as critical first contacts, then guides.

"For a person like me who has battled with addiction, seeing someone who has been in my shoes and experienced all the turmoil that comes with addiction, and seeing they're now walking in better shoes, that becomes real," said Christopher Ronquist, director of the McShin Foundation's Virginia Recovery and Re-Entry Project at the Rappahannock, Shenandoah, Warren Regional Jail in Front Royal.

He said that as much as an addict might learn from a doctor or psychiatrist, as much as he or she might be touched by a preacher or "mommy and daddy crying and begging me to get clean," only someone who has been addicted knows what it's like to be willing to do anything to get the next fix.

"There's authenticity in this person's story," Ronquist said. "You know, this dude knows what it's like to be me. He's giving me hope. If it worked for him, maybe, just maybe, it will work for me. Maybe recovery is possible."

Slow going

The Empowered Communities Opioid Project -- a collaboration of George Mason University and Prince William County -- is building a network of peers working directly with agencies with which addicts need to interact, from the county health department to the regional Community Services Board to the state probation and parole office to the Prince William Adult Detention Center.

Katrina King is one of them. Her title is "senior community coordinator." But in practice, she is a peer who meets women addicts for the first time when they're booked at the detention center. She hears their stories, then, to build trust, shares an abbreviated version of her story.

King started using opioids for back pain, became addicted, and says that at one point, she was taking up to 40 pills a day, supplemented by heroin when she couldn't get painkillers. She got caught forging prescriptions and was sentenced to two years in jail. While incarcerated, King learned that her 20-year-old daughter, Kirstyn, had become addicted to opioids. She overdosed and died before King could get her into treatment.

King knows that recovery comes in baby steps. She understands the fragility of raised hopes. So, one of her top priorities is arranging to get newly

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Katrina King is a recovery coach with the Empowered Communities Opioid Project, a collaboration of George Mason University and Prince William County.

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arrested addicts into treatment as soon as possible after they're charged. Usually it means finding them a bed in a facility outside the region, sometimes as far away as California. She says she's frustrated by the minimal residential options in the region for people trying to rebuild their lives.

"My job is more stressful because there aren't enough resources available and not enough connectivity between the different agencies these people need to deal with," she said. "They also can be fighting something so much more severe than substance abuse. There are often mental health issues.

"Things are moving in the right direction," she added, "but it's very slow."

Life after jail

Not surprisingly, most of the progress has come in places where addicts have both the time and motivation to focus on a different, better future. Almost every regional jail or adult detention center in the area now has some kind of peer-to-peer support or counseling for inmates. Some places, such as the RSW Regional Jail, have gone further.

Inmates who make it through a Recovery/Re-Entry program overseen by the nonprofit McShin Foundation can qualify for scholarships that, after incarceration, can cover their expenses for a 28-day residential program at McShin's recovery center in Richmond. That's followed by a move to a "sober living" home, where they can live temporarily while they look for work. So far, 23 former inmates have each received the \$9,800 scholarships.

The Prince William Adult Detention Center, meanwhile, has operated a special Drug Offender Rehabilitation Module since 1991 for male inmates, and since 1995 for females. Men live in a building separate from the general jail population, while the women are in the main building, but in a section for low- and medium-risk offenders. Both have access to a range of therapy treatments in the four-month program, including sessions focusing on moral reasoning and decision-making, recovering from trauma, avoiding violence and building family relationships.

The program has been effective in reducing recidivism — in

fiscal year 2019, 84 percent of former DORM inmates were able to stay out of the detention center for at least a year, according to Sara Wheeler, program manager for Drug Offender Recovery Services. That compares with about 50 percent for the general jail population.

But the stats for how many follow up with treatment after they leave jail is less impressive — fewer than half, said Wheeler.

"It's really a high-risk time for them," she said. "A lot go astray when they first get out. It's not uncommon for people who have been really successful in the DORM program, and they get out and you see them panhandling just down the street."

'Changing face of addiction'

Peer coaches and counselors in the region will tell you that any kind of sober-living arrangement can still stir up community resistance, even though as King points out, "If anything, you've got pretty safe neighbors with people in recovery. They're not allowed to use anything or they're expelled."

For all the raised awareness about addiction, certain stigmas persist. But the Rev. Jan Brown feels hopeful about where things are headed. She is a deacon in the Episcopal Church and founder and executive director of SpiritWorks, an addiction recovery foundation based in Williamsburg, Virginia, with an office in Warrenton. She is also a recovering addict who hasn't used drugs or alcohol since 1987.

The most promising shift she sees in public perception is the recognition that recovery is a process with many ups and downs and that addiction is a chronic illness.

"The negative pushback is beginning to change as the face of addiction is changing," Brown said. "It's not 'those people' anymore. It's my child, or my colleague's son or daughter, or my husband. There can be a sense of hopelessness that leads people to believe that people don't get better, that they're going to struggle their whole lives.

"And that," she said, "is just not true."



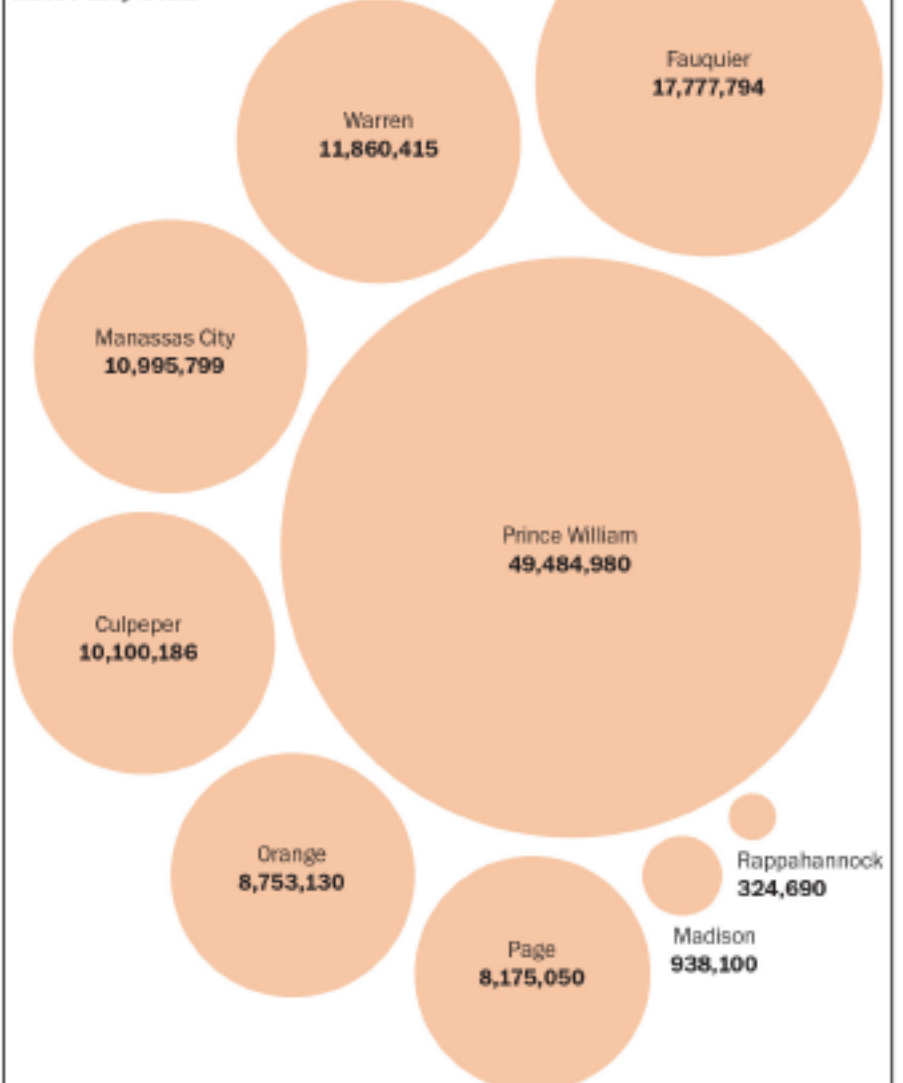
Billions of pills

Last July, the Washington Post published its analysis of a Drug Enforcement Administration database that tracks every pain pill sold in the United States. The Post found that between 2006 and 2012, the largest drug companies distributed **76 billion oxycodone and hydrocodone pills**. In Virginia's Piedmont region, more than 118 million painkillers were prescribed and sold during that period. Here's how that breaks down by communities, based on sales by pharmacies or doctors.

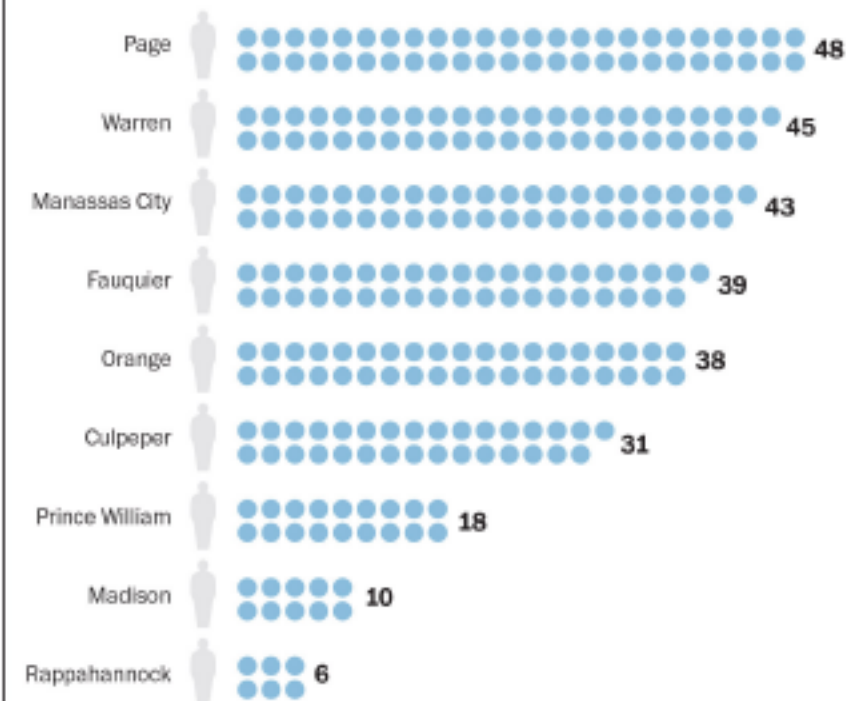
118 million painkillers

distributed in Virginia's Piedmont, 2006-2012.

Where they went:



Number of pills per person per year



Source: Drug Enforcement Administration

By Laura Stanton

ABOUT THIS SERIES: RIPPLE EFFECTS

The project

Opioid Ripples is an ongoing series produced jointly by four organizations: two independent, nonprofit civic news organizations, Piedmont Journalism Foundation and Foothills Forum; and two media companies: Piedmont Media and Rappahannock Media. The nonprofits provide the research and reporting; the media companies decide when and what to publish in their newspapers and on their websites.

Piedmont Journalism Foundation focuses on Fauquier and surrounding counties. For more information, see piedmontjournalism.org.

Foothills Forum, founded in 2014, and **Piedmont Journalism Foundation**, founded in 2018, were created to increase in-depth news coverage and public discussion of issues in their communities.

Foothills Forum focuses on Rappahannock County. For more information, see www.foothills-forum.org.

Community support of the nonprofits makes this and other projects possible. Funding for this series comes in part from the **PATH Foundation**, which provides grants to improve health and vitality in Fauquier, Rappahannock and Culpeper counties.

What do you think so far?

Let us know what you think of this regional reporting project. Send feedback to rearl@fauquier.com.

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Opioid Ripples: Breaking the cycle

Prevention strategies include education and early intervention

By Randy Rieland

PIEDMONT JOURNALISM FOUNDATION

Fifty years ago, war was declared on drugs.

President Richard Nixon described drug abuse as "public enemy No. 1." Money was allocated for treatment programs, and a new federal bureaucracy, the Drug Enforcement Administration, was created. The foot soldiers were state and local cops doing battle one bust at a time.

For the most part, that's how the "war" has gone for the past half century, built around an expectation that law enforcement officers, rather than public health officials, would staff the front lines.

The opioid crisis changed that. Drug users are still ending up in jail but ask a police chief or sheriff how they feel about stemming the tide of addiction and you get the same response over and over: "We can't arrest our way out of this."

Then how do you break the cycle? More than 700 people have died of opioid overdoses in Virginia's Piedmont during the past decade. Thousands have become addicted -- many not through a spiraling of recreational drug use, but by taking prescribed painkillers for injuries or disease. How do you ensure that people with pain fully understand the risks of taking opioid medications for long periods of time?

"Parents don't know where to look when there's a crisis. They start Googling for answers at 3 in the morning. We're trying to help them before a crisis happens."

CAPT. RAY ACORS

Fauquier County Sheriff's Office

This is the third in a four-part series on the opioid epidemic.



PHOTO BY KENNETH GARRETT

Sallie Morgan of the Fauquier County Mental Health Association says she wants to help people understand that addiction is a brain disorder.

And, how do you protect the next generation from another wave of trauma?

"High school kids aren't dropping dead from heroin," said Culpeper Police Chief Chris Jenkins. "But that's the age where you need to start educating kids about opioids, probably sooner."

'Jekyll and Hyde drug'

So, law enforcement agencies in the region are taking on a larger role in teaching their communities about a crisis that few saw coming, and with a focus that's more nuanced than it would have been 10 years ago.

"We try to teach it's a brain chemistry issue," said Capt. Ray Acors of the Fauquier County Sheriff's Office. "It's not that someone's a bad person. Their bad behavior comes out of their addiction. It's a Jekyll and Hyde drug."

Chief Jenkins thinks addiction prevention doesn't get the attention it merits. He has both professional and deeply personal reasons for feeling that way. Five years ago, his 26-year-old son, Jordan, who had become addicted to prescription medications, committed suicide.

"I actually think prevention is



as important as law enforcement now," he said. "And it's the part people kinda forget about."

Jenkins said a complicating factor is that it's usually up to local communities to develop their own prevention programs. "What's the best model?" he said. "It's not coming from Richmond. It's not coming from Washington. And fighting for prevention programs is a challenge. They don't make money. Treatment programs make money."

"Look, we already have our hands full for the next 10 to 15 years dealing with what's happened. If we don't focus on addiction prevention now, we're going to get another whole segment of our community dealing with it."

Prevention as a mindset

Not surprisingly, Alan Rasmusen is a big believer in the value of prevention in slowing opioid use. As prevention specialist for the Rappahannock-Rapidan Community Services Board, his top priority is promoting programs that help prevent substance abuse and suicides. He cites research suggesting that ev-

See OPIOID, page 6

Planning commission could vote on Delaplane resort Oct. 17

By James Ivancic
TIMES STAFF WRITER

A proposal by Brian Roeder to convert and expand a home next to his Barrel Oak Winery in Delaplane into a lodge comes up for a public hearing at the Oct. 17 Fauquier County Planning Commission meeting.

Roeder needs approval of four special exceptions to move forward with what he is now calling The Sanctuary at Barrel Oak. The name change from The Lodge at Barrel Oak was meant to clarify his purpose and intent, according to a revised statement of justification he filed with the county.

"As a working farm, we will immerse our guests in an experience which allows them to retreat from the daily grind of their lives by overnighting on a working farm with vineyards, forested trails, and an animal sanctuary," according to the filing. He's also planning to include a swimming pool, horseback riding and hiking on the property's trails, a greenhouse and spa as amenities for lodge guests.

He said that he will partner with others to develop and manage the Sanctuary at Barrel Oak, which would occupy 50 acres at 3677 Grove Lane.

The property is zoned rural agriculture. It's about two miles outside of Marshall.

Roeder needs special exception approval to convert and expand his house into a 42-room resort with a restaurant for guests, hold 78 events per year, create a fire-suppression sprinkler system using above-ground storage tanks containing 180,000 gallons of non-potable water and install a sewage system capable of handling an 11,000 gallons per day capacity.

The planning commission could vote on the application on Thursday after the public hearing or defer action. Its eventual recommendation will go to the board of county supervisors for a public hearing and vote.

See DELAPLANE, page 9

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Prevention strategies include education and early intervention

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ery dollar spent on prevention saves more than \$7 on treatment.

"It's vital," he said. "If you can help people early, they don't have to have everything they want to do destroyed — their academic achievements, their careers, their relationships."

Rasmussen makes that point a lot when he's working with community groups or coalitions wrestling with the ripple effects of the opioid crisis.

Prevention, he said, needs to become a mindset.

"It's about energizing anybody and everybody," he said. "Some people will say, 'I'm not sure we have a problem.' I tell them you don't want to have a problem. Besides, they probably do have a problem and it's bigger than they think."

Some prevention programs are pretty straightforward, such as encouraging people to clear their medicine cabinets of leftover prescription

painkillers. Police say that because of their street value, they've become a favorite target of burglars. Beyond that, a survey by the Substance Abuse and Mental Health Services Administration found that 60 percent of those who said they misused opioids didn't have a prescription.

Roughly half reported that they got the drugs for free from friends or relatives.

Twice a year, the DEA stages a drug "take back day," when people can drop off unwanted prescription medications at designated locations, usually local police departments or sheriff's offices. Through the past four collection days — the last one was in April — the DEA hauled in an average of 464 tons of unused or expired drugs nationwide. The next take-back day is Saturday, Oct. 26, between 10 a.m. and 2 p.m. (You can search for the nearest drop-off location on DEA's Diversion Control Division's website at www.deadiversion.usdoj.gov.)

Some law enforcement offices — including the Fauquier County Sheriff's Office, the Culpeper Police Office, the Orange Police Department and the Rappahannock County Sheriff's Office — now allow people to drop off unused prescription drugs any time. That initiative appears to be catching on. In Fauquier County, for example, 96.5 pounds of narcotics were dropped off at the sheriff's office last year; through this September, 109 pounds have already been collected and destroyed.

Looking for clues

At the same time, police and sheriff departments are trying to make parents and grandparents better comprehend the risks that come with being a teenager today. Two and a half years ago, the Culpeper Police Department took a step in that direction by launching its version of a program called Hidden in Plain Sight. It's a traveling demo of a teenager's bedroom, filled with items that might indicate he or she is using drugs or alcohol, or engaging in other risky behavior. An innocent-looking soda can might be a reconfigured storage space for drugs. A container of a cleaning agent usually kept under the kitchen sink could mean they're using it to get high. Parents or grandparents are encouraged to search for clues. Often, they miss a lot of them.

Lt. Ashley Banks estimates that she and Officer Michael Grant have given Culpeper's HIPS presentation at least two dozen times for other police departments, civic organizations and churches around the state. That has prompted the Fauquier County Sheriff's Office and the Madison County Sheriff's Office to create their own versions. (See page 2.)

The idea is not to turn parents into snoops, said Acors, but to show them how to become more aware of what

"If you can help people early, they don't have to have everything they want to do destroyed — their academic achievements, their careers, their relationships."

ALAN RASMUSSEN
Rappahannock-Rapidan
Community Services Board

their kids might be dealing with, whether it's drug use, eating disorders or bullying.

"Parents don't know where to look when there's a crisis," he said. "They start Googling for answers at 3 in the morning. We're trying to help them before a crisis happens."

"We don't want the parents' first reaction be to call law enforcement," he added. "We don't want to come over to your house and lock a kid up because you suspect something. This program is designed to help you have those difficult conversations in a more positive way. Instead of having it be a reason to hand out punishments, you want it to be an opportunity to say, 'Help me understand what's going on.'"

Sometimes parents seem uneasy about what they see as invading their children's privacy. Fauquier Sheriff Bob Mosier said they need to consider the consequences of not going into that room.

"What you're doing is looking for clues to prevent harm," he said. "It could be something that could be stopped in its tracks now. If you do not seize upon the opportunity at that age, you could be talking about a lifetime of hurt."

Acors made another point: "That room doesn't belong to them. That phone doesn't belong to them."

Risk factors

Meanwhile, area school districts are looking for ways to squeeze lessons about opioids into curriculums already packed to meet state academic requirements. They're exploring how to raise awareness among students about crucial addiction risk factors, such as genetic predispositions and the significance of when a person first uses drugs or alcohol.

The latter can make a big difference in whether a person develops a substance abuse problem, said Sallie Morgan, who as executive director of the Mental Health Association of Fauquier County has worked closely with the school district in developing substance abuse and mental health programs.

"About 75 percent of people who are addicts become addicted by the age of 27," Morgan said. "Research has shown that if you don't use before you're 17, it can greatly reduce your risk."

Results of a 2019 Pride student survey — a national questionnaire used by some school districts every four years — are still being compiled, but the last one, in 2015, found that the average age of first drug, alcohol or tobacco use in Fauquier schools was 13. The story is equally sobering in Culpeper County. In a 2017 Youth Risk Behavior Survey, more

See OPIOID, page 8

Starting young: Opioid education a tool for prevention

Carolyn Weems advocates for drug education curriculum

It seemed pretty clear to Carolyn Weems what she needed to do.

She remembered how little she and her husband, Billy, knew about the dangers of opioids when their daughter, Caitlyn, became addicted to painkillers she was prescribed for soccer injuries. In April 2013, she died of a heroin overdose. She was 21.

"We were clueless," she said. "None of our doctors or dentists sat down with us and told us that this stuff was powerful, that it has a high rate of dependency, that the pills she was taking were basically the same thing as heroin. We had none of that information. We did what the doctors said."

So, after Caitlyn died, Weems, a member of the Virginia Beach City School Board, began working with the school district's staff to develop a curriculum that educated children — and their families — about opioids. Last year, the Virginia General Assembly voted to endorse the curriculum as a model for other school districts. Culpeper County schools began using it this school year.

"We looked at what was being taught and found that opioids were mentioned in one lesson in the eighth grade," she said. "I felt it needed to be part of the curriculum all the way through."

That meant starting in the first grade, although opioids aren't addressed in depth until the ninth and 10th grades. Those students are required to do a PowerPoint presentation on how opioids affect the body and brain, how they increase the risk of injury, and the health benefits of abstaining from drug use.

The subject matter is more general in the lower grades. First-graders do role playing on what they should do if they find pills lying on a countertop or when a friend's mother offers them medicine when they have a headache. In grades three through five, the focus shifts to how risky behavior can result from drug use and how to refuse an offer of over-the-counter drugs from a friend.

Through the middle school years, lessons cover recognizing



COURTESY PHOTO

After losing her daughter to a heroin overdose, Carolyn Weems worked to create a school curriculum to educate students and their parents about opioid addiction.

influence and pressure from family, friends and the media; finding ways to manage stress and anxiety to avoid using drugs and understanding the short-term and long-term effects of drugs, including opiates.

"With this generation, you can't just say, 'Don't do drugs,'" Weems said. "You have to equip these kids with information and give them knowledge. Some people will tell me, 'I can't believe you're doing this in the first grade.' But I feel you can't start early enough. I wouldn't have said that 10 years ago."

"If I had known one-tenth of what I know now, Caitlyn might have had a chance," she added. "I don't want a child or athlete or parents not to have that knowledge."

It's progress, Weems said, but negative attitudes about addiction aren't easily changed. She noted that when she wanted to open a sober living house for recovering women addicts in Virginia Beach, "I was told, 'We don't want those people in our neighborhood.' My daughter had a scholarship to college. She never had so much as a speeding ticket. 'Those people? Really?'"

— Randy Rieland



PHOTOS BY KENNETH GARRETT

Capt. Ray Acors and Sheriff Bob Mosier of the Fauquier County Sheriff's Office show the Go Bag with Narcan and a defibrillator.

Narcan saves lives, addiction continues

Everyone seems to have a Narcan story. It's the brand name for naloxone, the drug that revives overdose victims.

Culpeper Police Chief Chris Jenkins says more drug users are now shooting up in public places, such as outside restaurants or shopping centers, because if they overdose, they'll probably be discovered and are more likely to survive.

Caroline Folker, the founder of Families Overcoming Drug Addiction, whose daughter, Kathrine, died of an overdose, said she has heard about users injecting themselves at stoplights for the same reason.

Warrenton Town Council member Sean Polster, a founder of Piedmont CRUSH (Community Resources United to Stop Heroin), described a call when first responders were unable to revive an overdose victim. "The parents were screaming, 'Give him Narcan. Wake him up.' But it was too late. It's frustrating because people think Narcan is a magic drug that can always bring people back."

Then there's the story repeated by more than one law enforcement officer about how some drug dealers now bring Narcan when they deliver heroin to make sure their customers stay alive.

No question that Narcan has become a pivotal piece of the opioid epidemic story. Overdose deaths are dropping—only two have occurred in Fauquier County so far this year compared to 20 in 2018. Law enforcement officials say that has more to do with the availability of Narcan than it does a decrease in opioid use. More people are being saved, some multiple times.

It wasn't that long ago that only EMTs and ER doctors could administer Narcan. Now police and school nurses can. Doctors in Virginia are required to prescribe it with high-dose opioids, and it can be purchased



In addition to an injection, Narcan can be administered as a nasal spray.

in pharmacies without a prescription. REVIVE! Programs, where laypeople are trained to use Narcan, have become more common.

The drug, available as a nasal spray or an injection, restores an overdose victim's breathing so he or she regains consciousness. It only works if opioids are present in a person's system; otherwise, Narcan has no effect. Sometimes, particularly when someone has injected drugs mixed with fentanyl, multiple doses are needed to revive them.

While public health and law enforcement officials support the easier accessibility of Narcan, they say that does make it harder to gather data on overdoses and track levels of opioid usage. There's also concern that as overdose fatalities decline, so will the sense of urgency to address substance abuse. The epidemic could seem to be over.

"The deaths are going down, which says to me that Narcan is saving lives," said the Rev. Jan Brown, founder and



Narcan is saving lives, but doesn't address the problem of addiction.

executive director of SpiritWorks, an addiction recovery foundation based in Williamsburg, Virginia.

"If we don't deal with these other pieces, we'll have a decline in the community in more ways, sadly, than simply deaths," she added. "The burden comes when a community is dealing with the ongoing effect of addiction. You may be saving lives, but you're not really dealing with the problem."

Culpeper librarian Dee Fleming has taken on the cause of getting local businesses to add Narcan to their first aid kits. Two years ago, her 23-year-old son died after using cocaine laced with fentanyl. "Until somebody's ready to get recovery, I'm all for keeping them alive," she said. "When I see someone who's addicted, I see through them the face of Joe. I think, 'What would I say to Joe? What would I do for Joe?'"

"If people look at an addict and say, 'If this was my daughter, how many times would I want her revived?' that changes the whole perspective."

— Randy Rieland

Opioid Ripples: By the numbers



AMERICA'S PROBLEM

81,000 Americans tried heroin for the first time in 2017. The U.S. makes up **5%** of the world's population, but consumes about **80%** of the world's prescription opioid drugs.



WHO SUFFERS

50% to 60% of addiction is due to **genetics**. Other factors: chaotic home environment, abuse, peer influence, community drug attitudes, poor academic achievement.

The **children of addicts** are **8x** more likely to develop an addiction.

About **20%** of Americans who have **depression or an anxiety disorder** also have a substance use disorder.

In the past decade, heroin use among **18 to 25 year olds** has **doubled**.



SOURCE OF OPIOIDS

About **80%** of heroin users **first misused prescription opioids**.

About **53%** of prescription opioid users got their last painkillers from a **friend or relative**



IMPACT

The economic burden of prescription opioid abuse in the U.S. is almost **\$80 billion a year**.

That includes health care costs, lost productivity, addiction treatment and impact on the criminal justice system.

Almost **21 million Americans** have at least one addiction, yet only

1 in 10 receive treatment.

Sources: Centers for Disease Control, National Institute of Drug Abuse, American Addiction Centers

Prevention strategies include education and early intervention

OPIOID, from page 6

than a third of seventh graders said they had used alcohol, and 8 percent indicated they had smoked pot by the time they were 14.

The survey also reflected another disturbing trend. The number of high school seniors who said they had taken pain medication without a prescription? Twelve percent.

Perilous potential

The challenge for school districts is finding the most effective way to help kids avoid the awful fate of so many unwitting opioid victims. In short, how do you teach them about drugs that are legal, but have the potential to be so perilous?

For years, the program of choice for most school districts was Drug Abuse Resistance Education, better known as D.A.R.E. Launched through a partnership of the Los Angeles Police Department and the Los Angeles Unified School District in 1983, it was largely about police officers delivering lectures on the dangers of using drugs. At one point, more than 75 percent of the school districts in America were using D.A.R.E.

But there was a problem. It didn't work very well. That was the conclusion of public health studies done in the 1990s, including one funded in part by the Justice Department that found D.A.R.E. had little or no effect on rates of teenage drug use. In fact, research at Indiana University suggested that students who completed the D.A.R.E. program had a higher rate of using hallucinogenic drugs than those who hadn't taken it.

D.A.R.E.'s popularity faded, as did much of the funding it received from the Justice Department. In recent years, the nonprofit has abandoned its "Just say no" message and focused instead on helping students develop decision-making skills.

While it hasn't regained its dominance of the drug curriculum market, D.A.R.E.'s shift reflects a philosophy more school districts are starting to follow—that teaching kids how to cope with tough decisions is a better way than giving them drug lectures.

Starting early

Another issue is that traditional drug education programs haven't dealt directly with the risks of legal painkillers. This summer, Culpeper County public schools tried to address that by adopting an opioid curriculum initiated by a member of the Virginia Beach School Board, whose daughter died of a heroin overdose. (See "Starting young" sidebar, page 6).

Nate Clancy, a member of the Culpeper School Board who pushed for more opioid education, said the curriculum is being added primarily through health classes at different grade levels. Opioids aren't really discussed until sixth grade, he said, but lessons about medications start as early as first grade.

"They're told that if they see pills they're not familiar with, they shouldn't touch them," he said. "And, that they shouldn't take medicine without their parents present. Third grade deals more with proper and improper use of medicine. Also, how it affects your body. How it can make you better, but there also can be consequences.

"Twenty years ago, this would have been taboo," he added. "You didn't mention drugs in the first grade."

The Fauquier County public schools has also updated its curriculum, according to Frank Finn, assistant superintendent for student services and special education. He said he has worked with the



PHOTO BY KENNETH GARRETT

Nate Clancy, a member of the Culpeper School Board, has pushed for more opioid education in the schools.

Mental Health Association of Fauquier County and other community groups to identify better resources for teachers, including material specifically about opioids.

As in Culpeper, the lessons start early, but with an emphasis on basic coping skills. The goal is to help young students develop the confidence to not be easily swayed into making risky choices. "I think if you get the elementary learning right, they'll have the skills to deal with problems they face when they get older," Finn said. "It increases the likelihood they'll make better decisions."

With substance abuse closely tied to mental health issues, school districts are also focusing more on being able to spot students struggling emotionally or psychologically. Some now offer Youth Mental Health First Aid, an eight-hour training certification course that teaches participants how to identify and, if necessary, get help for kids. Fauquier staff who have had the training wear purple lanyards so students can find them easily.

Finn said that as part of a pilot project, the training will soon be made available to high school students in Fauquier. That would enable kids who are reluctant to open up to a teacher to instead seek out a peer who is trained to help them.

"There's no one program or curriculum that's going to fix anything — whether it's drug use or academic performance," Finn said. "You have to have a multifaceted approach."

Changing the brain

One key nuance the training teaches kids is that for some people, addiction is not a choice. "If someone has a trauma history or they have a family history of substance abuse and a genetic predisposition, we're keeping in mind that this may not be as much a choice," said Kathy Sickler, social worker in the Rappahannock County public schools. "A child may be kind of set up for failure. So, we watch that closely and I can start to link them up with community resources if we need to."

She said that it's equally important for kids to know what's at risk. "We want them to understand that this is something that can affect you mentally, physically, emotionally. It could even affect your

sex life," she said. "It's going to affect all areas of your life. This is a disease. That's part of the addiction education."

Sallie Morgan, of the Mental Health Association of Fauquier County, agreed that education is critical to how communities battered by the opioid crisis move forward.

"We want to help people understand that addiction is a brain disorder," she said. "The substances themselves change the brain. So, it's not a matter of will power. It's not a matter of good versus bad.

"But there are some choice points, and if you're informed, you can avoid going down a path where you really don't want to go."

ABOUT THIS SERIES: RIPPLE EFFECTS

The project

Opioid Ripples is an ongoing series produced jointly by four organizations: two independent, nonprofit civic news organizations, Piedmont Journalism Foundation and Foothills Forum; and two media companies: Piedmont Media and Rappahannock Media. The nonprofits provide the research and reporting; the media companies decide when and what to publish in their newspapers and on their websites.

Piedmont Journalism Foundation focuses on Fauquier and surrounding counties. For more information, see piedmontjournalism.org.

Foothills Forum, founded in 2014, and Piedmont Journalism Foundation, founded in 2018, were created to increase in-depth news coverage and public discussion of issues in their communities.

Foothills Forum focuses on Rappahannock County. For more information, see www.foothills-forum.org.

Community support of the nonprofits makes this and other projects possible. Funding for this series comes in part from the PATH Foundation, which provides grants to improve health and vitality in Fauquier, Rappahannock and Culpeper counties.

Fauquier Times

November 13, 2019

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Nonprofit takes ownership of Fauquier Times



Publisher of the Fauquier Times, Catherine M. Nelson

A little over three years ago, a group of local citizens led by George Thompson of Marshall purchased the Fauquier Times and Prince William Times, forming Piedmont Media.

The idea was to preserve these local papers in a world where newspapers are in peril.

These local citizens believe in the importance of local journalism to the residents of Fauquier and Prince William counties. They know that strong newspapers help people stay connected to one another in an increasingly disconnected world. And they know how important it is to have an informed citizenry -- and that democracy works better in the light.

This week, after more than three years of hands-on experience publishing award-winning newspapers, the paper's investors, under President Landon Butler's leadership, have agreed to a major structural change that will better position us to weather the storms that continue to ravage community journalism.

In brief, the newspaper's owners have approved the transfer of ownership to the Piedmont Journalism Foundation, a 501(c)(3) charitable organization created last year to support community journalism in our area. This change is consistent with strategies being employed by publications both large and small all over the country, as they seek to strengthen their financial position and generate greater community

See FAUQUIER TIMES, page 9

OPIOID RIPPLES:

The stubborn stigma of addiction

By Randy Rieland

PIEDMONT JOURNALISM FOUNDATION

It was a cry that captured a crisis. "I'm a heroin addict. Nobody cares. Nobody cares!"

Maj. Amanda Lambert watched the slight young woman screaming in anger and despair not far from where Lambert stood on the front steps of the Prince William-Manassas Regional Adult Detention Center. She couldn't look away.

"She was maybe 90 pounds soaking wet," recalled Lambert, director of support services at the jail. "My heart melted for her. I don't know why. I'd never seen her before."

The shouting continued after Lambert led the 23-year-old woman into a room at the jail. "I'm a heroin addict," she raged. "You don't care about me. No one gives a s---." Her distress was so intense she was put in restraints to prevent her from hurting herself, Lambert said.

Lambert spent two hours talking with the woman, then showed up in court the next day and sat next to her during her arraignment on a disorderly conduct charge.

This is the fourth and final part of a series on the opioid epidemic.



PHOTO BY KENNETH GARRETT

Maj. Amanda Lambert is director of support services at the Prince William-Manassas Regional Adult Detention Center.

derly conduct charge. The judge released her, but Lambert managed to keep her at the jail until she could meet with Katrina King, one of the jail's "peer navigators" who helps addicts get into treatment.

See OPIOID, page 6



Opioid Ripples: What we've learned See the findings from this six-month project on page 7

Culpeper County set to create drug court

'What we're doing isn't working'

Andrew Lawson runs down a list of Culpeper County statistics.

"From 2016 to June 2019: 39 fatal overdoses, 199 heroin overdoses," he says, then moves on to overdose revival efforts from 2015 to 2018. "240 units of Narcan administered by our paid EMS crews. And they spent more than 279 hours responding to overdoses."

Finally, he shares data from Culpeper Human Services: Of the 41 children placed in foster care this year, almost half were because their parents were substance abusers.

It's a grim record that strengthens his resolve to try something different when it comes to how opioid users are treated in the criminal justice system. "What we're doing isn't working," he said. "We're prosecuting a huge number of people because they have an addiction."

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PHOTO BY KENNETH GARRETT

Culpeper librarian Dee Fleming's son Joe overdosed on cocaine and fentanyl. Since his death, Fleming has taken up the cause of getting local businesses to include the anti-overdose drug Narcan in their first-aid kits.

The stubborn stigma of addiction

OPIOID, from page 1

Within a day, the woman was on her way to a treatment center in Florida. Lambert said she has now been clean for about a year and has recently returned to the area.

"It's one of our favorite success stories," Lambert said. "There's no doubt in my mind that if we hadn't intervened, she would have gone back out and overdosed and died."

It's a feel-good story, but one that also lays bare a dark corner of the opioid crisis: the stigma of addiction. In this case, it's reflected in the shame and hopelessness of a woman who sees herself as a social pariah with no expectation of finding help to regain control of her life. But stigma also plays out in community resistance to recovery housing, doctors' reluctance to take on patients needing substance abuse treatment and the persistence of the notion that helping addicts is indulging them.

"There's definitely still a stigma," said Judge Melissa Cupp, who handles foster care and custody cases in Fauquier and Rappahannock counties. "People conjure up the image of a drug addict, but that's often not who it is. If you met them at the library, you would have no idea of what had happened to them."

The perception of substance abuse as a moral failing, rather than a medical issue, remains a stubborn stereotype. Research this year by Pew Charitable Trusts found that 58 percent of those surveyed believed opioid addiction was something people brought on themselves.

But the National Institute on Drug Abuse reports that 50 to 60 percent of addiction is due to genetics. In fact, the children of addicts are eight times more likely to develop an addiction. Also, factors like a chaotic home environment or early childhood trauma can play a role.

"The idea is so ingrained in our culture that a person makes a choice to become addicted," said Jim LaGraffe, executive director of Rappahannock-Rapidan Community Services. "But the research being done on brain development is showing how far that 'choice' someone makes when they're 20 may have been predetermined by something that happened when they were 3 or 4 years old."

Moreover, the seeds of the opioid epidemic were planted when doctors nationwide began increasing painkiller prescriptions in the '90s, while pharmaceutical companies underestimated how addictive they are. The companies aggressively marketed opioids even as overdoses and deaths rose dramatically after 1999.

Eighty percent of heroin users started on painkillers, according to research at Washington University in St. Louis. Many used opioid medications recreationally, but for some, the first exposure came through drugs prescribed for an injury.

"How do you change the stigma? It's not easy," LaGraffe said. "We had 'Just say no' and the 'War on drugs.' It's been treated as a crim-

"What makes me optimistic is that I know recovery is possible."

JAN BROWN
SpiritWorks

inal, and not a medical issue. And it's seen as personal failure, not that there may have been a lot of other things that led you to this point."

'You grieve alone'

So, addiction is still largely a private struggle; it's one reason such a small percentage of addicts seek treatment — estimated as low as 10 percent. Getting treatment would require going public and risking the potential consequences of losing a job, being spurned and facing judgment from a doctor.

"Stigma is prevalent not only on a personal level from family and friends, but also on a professional level, and that hinders people from seeking treatment because they feel they will be shamed," said Carol Levine, a researcher for the nonprofit United Hospital Fund, who with Suzanne Brundage co-authored a report titled "The Ripple Effect: The Impact of the Opioid Epidemic on Children and Families."

"What happens is that people internalize it, so it's not just what others think about you. It's what you start to think about yourself. Everyone is telling you that this is your fault.

"Then there's the impact on the kids," she added. "They often don't want to tell other adults about what's going on in their family. They're afraid they'll be taken away from their parents or separated from their siblings."

The stigma casts a wide shadow, extending beyond users to their families. And it can persist even after the person fighting addiction has died. After Culpeper librarian Dee Fleming's son Joe overdosed on cocaine and fentanyl, a man whose daughter had died in a car accident stopped by the library to offer condolences. At one point, he said, "Doing drugs is a pretty stupid thing to do. I think this is nature's way of weeding out the weak ones."

Fleming was stunned. "I read comments like that online all the time," she said. "But when I heard it to my face, I thought, 'This is what parents like me hear.' We don't get the casseroles brought to your door or the cards. You suffer alone. You grieve alone."

Harm reduction

Both the use of Narcan and clean-needle exchange programs are components of what are known as "harm reduction." It's a public health strategy that acknowledges drug use, but focuses on minimizing its harmful effects. Critics say it implicitly condones substance abuse; they feel more comfortable with treatment based on abstinence.

Stigma, not surprisingly, is at the See OPIOID, page 7

Culpeper County set to create drug court

DRUG COURT, from page 1

Lawson, director of the county's Department of Criminal Justice Services, has become an advocate of establishing a drug treatment court. He has been joined by Paul Walther, Culpeper's commonwealth's attorney.

"I've seen drug courts come and go," he said. "But after Andrew and I talked about it, I came to the conclusion that we had to do something."

Last summer, the Culpeper Board of Supervisors voted to allow them to explore a drug court option, and last month, the Virginia Supreme Court gave them the go-ahead.

Drug courts give nonviolent offenders the opportunity to avoid jail by entering into a court-supervised program that includes treatment, but also frequent testing and sanctions if a person doesn't comply with requirements. Proponents point out that this approach costs less than incarcerating someone, reduces jail overcrowding and provides closely monitored treatment. They also say it lowers recidivism. A national meta-analysis of relevant studies found that recidivism rates were 8 to 14 percent lower for drug court participants than for offenders who didn't go through a program.

But evaluating the true effectiveness of drug courts is complicated, says Lauren Cummings, executive director of the Northern Shenandoah Valley Substance Abuse Coalition. She played a lead role in establishing the Northwestern Regional Adult Treatment Court three years ago. It serves the city of Winchester and Frederick and Clarke counties.

"Some people just think someone will go to drug court and they'll be fixed," she said. "But it's not that easy. People in drug court ... their normal is not our normal."

A healthy percentage don't make it all the way through. Of the 61 NRATC participants, 31 are still in the program and another 11 have successfully completed it. But 17 have been sent to jail for failing to

meet sobriety and participation requirements, such as weekly court appearances and meetings with a probation officer. Two more died, one from an overdose.

Cummings doesn't view ejection from the program as a failure. Many drug court participants have never received treatment, she said, and more of those who relapse reach out for help now. There's no one pathway to recovery, she says, and it's important to focus on specific accomplishments, such as whether a person has been able to find housing or stay employed or get their kids back from foster care.

"For some of our clients, drug court is the first program they have ever successfully completed," she said, "and therefore celebrating successes is so important."

Completing the program, which includes four phases of supervision and treatment, can take a year or longer. According to Cummings, the average cost per person is \$36 a day, compared to \$81 a day for someone incarcerated in the Rappahannock Shenandoah Warren Regional Jail in Front Royal. "The reality is we can't afford not to treat them," she said.

But a drug court in Culpeper County is still probably two years away. Walther said the next step is training at the National Drug Court Institute next year, which will help shape how county officials decide to structure the program. "You can make it very strict. You can design it so people are drug-tested every day if you want," he said. "Or you can design it where you give people more chances."

For Lawson, a key to a drug court's effectiveness is a clear understanding of the power of addiction. "For someone to just stop using is extremely difficult. People are still going to have issues," he said. "You have to expect failures to a certain extent. If the attitude is that a person is going to come in and they're never going to use again, that's not going to work."

— Randy Rieland

OPIOID, from page 6

heart of that debate, too. Harm-reduction proponents point out that it wasn't that long ago that government and law enforcement officials generally opposed increasing the availability of Narcan because they objected to the costs -- financial and social -- of saving drug users who would likely use opioids again. But as the opioid death rate rose, opposition has waned. In fact, Narcan has become a standard tool carried by many police officers and sheriff's deputies in Virginia's Piedmont. REVIVE!, a free training program on proper use of Narcan, is now offered to the public.

A similar shift in attitude is occurring with medication-assisted treatment, in which medications that reduce cravings -- along with behavioral therapy -- are used to treat opioid addiction. In a field where the treatment model has long been built around abstinence, MAT has been disparaged as essentially replacing one drug with another. But a 2016 report from the U.S. surgeon general's office described it as a "highly effective treatment option."

That aligns with the belief that addiction is more a medical than a moral condition. "With opioid use, the brain is bathed in a high level of dopamine and things are not the same anymore," said Alta DaRoo, a board-certified addiction physician in the SaVida Health office in Culpeper. "That's very similar to when somebody makes horrible diet choices and they become obese, or they develop hypertension or diabetes. We give them medication because we recognize those as medical conditions. I hope we can convince people in the general public that addiction is a disease process."

Reducing cravings "keeps them alive and allows them to function," said Ryan Banks, clinical services director of Rappahannock-Rapidan Community Services. "I'd like people to understand that we shouldn't be judging people because they're staying on Suboxone or methadone if that's what is going to allow them to be successful in their lives."

One place where MAT is making inroads is in prisons and jails, which have become the front line in the opioid crisis. Research has found that users who have been incarcerated are at their highest risk of suffering a fatal overdose in the weeks after their release. More jails, including the Fauquier County Adult Detention Center, have set up programs where recovering users can be treated with medication, particularly Vivitrol, which is generally prescribed when an inmate is leaving jail because it prevents them from getting high if they use an opioid.

Since this summer, recently released inmates in Prince William County have been able to access MAT in a mobile unit that parks near the county health department in Manassas every Wednesday. They're tested and provided with Suboxone, but also are given help to get into long-term treatment and therapy

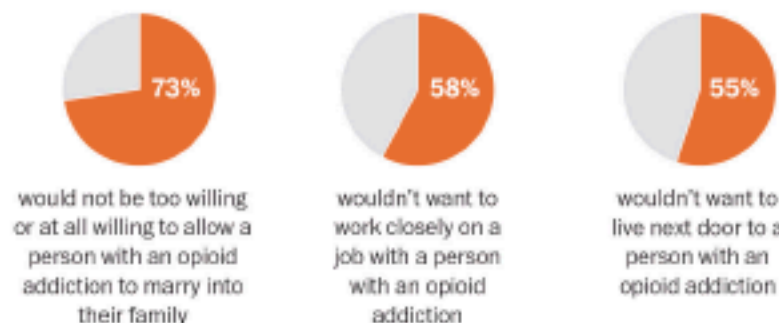


PHOTO BY KENNETH GARRETT

Moira Satre lost her son to addiction in 2015. She subsequently launched Come as You Are, a nonprofit coalition that has compiled a comprehensive list of resources, treatment options and support groups.

The damage of addiction stigma

For all the progress made in raising awareness of the ripple effects of the opioid epidemic, the stigma of addiction remains a hurdle. According to a 2018 Associated Press/NORC (National Opinion Research Center) survey:



10 effects of stigma



BY LAURA STANTON AND RANDY RIELAND

Opioid Ripples: What we've learned

Opioid Ripples has been a six-month look into Piedmont Virginia's opioid crisis. Here are key findings in the series:

- Overdose deaths are dropping in the Piedmont, but police say it's due more to the availability of Narcan than a drop in addiction. The epidemic is not over, and even if it were, its effects will be felt for generations.

- Research has found that 50 to 60 percent of addiction is due to genetic factors. Children of addicts are eight times more likely to develop a substance addiction.

- The Piedmont needs more doctors trained and certified to offer medication-assisted treatment and therapy to addicts. The trend is away from abstinence-based programs because some studies indicate they're less effective.

- The Piedmont desperately needs foster families to take in children of addicted parents. At one point last year, Rappahannock County had only one foster family.

- The number of Virginia babies born with neonatal abstinence syndrome -- addicted to opioids -- has risen steadily this decade, peaking in 2017. Culpeper, Fauquier and Orange counties had rates well above the state average of eight NAS babies per 1,000 births. The cost to hospitals of caring for NAS babies is three to four times higher than the cost of a normal birth.

- The Piedmont has few treatment facilities, limited public transportation and next to no residential options for recovering addicts. In fact, the Rappahannock-Rapidan Health District has only one acute addiction treatment facility and still no "sober houses."

- The number of people between 18 and 30 diagnosed with hepatitis C each year has more than doubled in Virginia since 2011, largely attributable to a spike in heroin use. In recent years, the rate in Culpeper County has been at least three times higher than the state's.

- Some "harm reduction" programs, such as greater access to Narcan, have gained wide acceptance. But others, particularly efforts to set up clean-needle exchange programs, have made little progress.

- Prevention needs to begin at early ages, experts say. In a 2017 survey in Culpeper, 12 percent of high school seniors said they had tried pain medications without prescriptions. Some local schools are now teaching coping skills and proper use of medicines beginning with elementary pupils.

- Safe disposal of unused opioids is needed. Nationally, 60 percent of those who said they misused opioids didn't have a prescription; half got the drugs from friends or relatives. The Fauquier County Sheriff's Office, Culpeper Police Department, Orange Police Department and Rappahannock County Sheriff's Office now allow people to drop off unused drugs anytime.

— Randy Rieland

The stubborn stigma of addiction

OPIOID, from page 7

programs. Yet some who have taken advantage of the service admit that they're wary about doing so.

"They feel there's a stigma with them going into that van," said Lambert. "They're afraid police officers and parole officers are going to see them. The staff in the unit has had to work very hard to convince them that the stigma is going away and everyone is on board with this."

Few yeses to needle exchange

Fleming said she has also become a believer in clean-needle exchange programs, as many pill takers switch to using syringes.

"I never thought I'd say that," she conceded. But then a friend of her son's stopped by her house. He said he was dating a woman who was an active addict, and she had learned she was positive for hepatitis C. He said he wasn't injecting drugs, but had contracted hepatitis C from her. "Hearing that story about how it was affecting people who aren't even using changed my mind," Fleming said.

Clean-needle exchange programs haven't made much progress in the Piedmont, or in most of the state, for that matter. In 2017, the Virginia General Assembly passed a law permitting cities and counties to set up programs where people could trade in used syringes for clean ones. The impetus was a dramatic spike in new hepatitis C cases, especially among 18 to 30 year olds. The number was two and a half times higher in 2017 than it had been in 2011, a direct result of drug users sharing needles.

The shift to needle use is reflected in overdose deaths. Prescription opioids were the leading cause of overdose deaths in Virginia until 2015, when deaths from both heroin and synthetic opioids, such as fentanyl, went ahead, according to state health officials.

The state Department of Health authorized needle exchanges in 55 communities where the rise in hepatitis C cases has been particularly alarming, including three in this region — Fauquier, Culpeper and Orange counties. Overall, the rate of hepatitis C in the Rappahannock-Rapidan Health District (Culpeper, Fauquier, Madison, Orange and Rappahannock) jumped 330 percent for that age group between 2013 and 2017.

So far, however, only three communities in the state have functioning needle exchange programs — the city of Richmond, and Wise and Smyth counties in southwest Virginia. Roanoke is about to launch one. The reason for the slow response is that the legislation requires local governments and law enforcement agencies to sign off on opening a needle exchange, and they've largely resisted.

April Achter, population health coordinator for the Rappahan-

nock-Rapidan Health District, has spent months making the case for needle exchanges to local officials. She cited research showing that providing clean needles doesn't increase drug use and studies concluding that people who use exchanges are more likely to eventually seek treatment. She shared the estimated cost of treating hepatitis C — about \$200,000 per patient — and noted that outbreaks are often followed by an upsurge in HIV cases. Achter also pointed out that exchanges reduce the risk of the public's exposure to discarded dirty needles.

She acknowledged that it can be a hard sell. "When it comes to programs like needle exchange, the stigma puts a higher burden on us to provide more education," she said. "We're looking at it from a medical perspective. My role is not one of judgment, my role is one of protecting the public health."

Achter's lobbying was unsuccessful. In August, the Blue Ridge Narcotics and Gang Task Force, composed of Piedmont law enforcement officers, rejected a needle exchange. But several members say the reason is legal, not moral. Under state law, possessing a syringe containing narcotics residue is illegal.

"They're asking law enforcement to turn their heads because of what they feel is a greater cause," said Culpeper Police Chief Chris Jenkins. "Absolutely, we're in favor of reducing hepatitis C and HIV. But dirty needles are against the law in Virginia. Law enforcement is saying it's not our role to turn our heads."

Fauquier County Sheriff Bob Mosier agreed. "I understand that this is part of the mission of the Department of Health. But if we observe a violation of the law, we need to take appropriate action. The state legislature needs to be involved. If they can change the law, it wouldn't put law enforcement in an awkward position."

'It's hard to hate up close'

Recovery is a slow and tortuous process, whether it's for a person climbing the biggest hill of their lives or a shaken community trying to find a way forward. There is no magic remedy, no straight-line cure. And stigma, a tenacious toxin, lingers.

But it matters that many of the victims of addiction are familiar, rather than faceless stereotypes from a distant, different place. As Jan Brown, founder and co-director of SpiritWorks in Williamsburg, put it, "It's hard to hate up close."

Moira Satre offered a more poi-

gnant perspective. "The minute it touches you, it changes everything."

Satre is a former registered nurse whose son, Bobby, died of a heroin overdose in 2015 at 31. She subsequently launched Come as You Are, a nonprofit coalition that has compiled a comprehensive list of resources, treatment options and support groups.

When you ask her about stigma, Satre brings up a Warrenton Town Council meeting last year when a proposal by the McShin Foundation to open a residential sobriety facility in the central business district was discussed. Several recovering ad-

"I'd like people to understand that we shouldn't be judging people because they're staying on Suboxone or methadone if that's what is going to allow them to be successful in their lives."

RYAN BANKS

Clinical services director of Rappahannock-Rapidan Community Services

dicts and parents of adult children who died of drug overdoses spoke in support of the plan. But opponents argued that having recovering addicts in the neighborhood would drive down property values. The plan was rejected.

"The things people said were really hurtful," Satre said. "I felt very bad for the addicts sitting in that room, having to listen to what people thought of them. It brought tears to my eyes."

It was at that same meeting that former Warrenton mayor Powell Duggan spoke publicly for the first time about the death of his son, Dan, who overdosed at 38 in 2015. Duggan remembers it as something of a watershed moment because it motivated people to become more engaged in responding to the epidemic.

"Dan, he didn't want others to know about his addiction," he said. "He kept it private. I wanted to respect that. That's why it took until that meeting for me to say something. But I thought the time had come to see if other people could be helped."

Finding hope

It's that kind of gesture that makes those tackling the opioid epidemic more hopeful, despite the challenges most rural communities

face in providing critical services, from mental health care to treatment facilities and sober housing to public transportation.

"What makes me optimistic is that I know recovery is possible," said SpiritWorks Brown. "People are getting better and staying well and being productive citizens. If we can bring the same resources to everyone in a community, everyone can have the same results."

Others point to the promise of a new, more open-minded generation of doctors, nurses, psychologists and social workers. "These kids are ready to tackle this, they're prepared to integrate it into primary care, and they're not shy about talking about stigma and fear in the way that older generations are," said Jodi Manz, the state's assistant secretary of health and human services.

Small but meaningful breakthroughs are occurring. At Fauquier County's jail, staff members now join in celebrating inmates' sobriety milestones. At the Prince William Adult Detention Center, peer navigators — some who themselves were once incarcerated there — now play a pivotal role in getting inmates into treatment.

"We didn't know how the staff was going to respond to working alongside former inmates," conceded Lambert. "I mean, they've been told they can't have relationships with these people. They're bad people, right? It was a difficult culture change."

"But I've found that using peer navigators is the key. That's the missing link in connecting with people brought in here."

But Lambert doesn't delude herself about how much work needs to be done, how hard it is to change a mindset about addiction that's so deeply embedded.

"We've made great strides. But we don't want to be setting people up for failure," she said. "We want to be able to say, 'Here's your services. Here's your treatment. Here's your driver's license back to help you get a job and support your family.' Unless we wrap that all up, nothing will change."

"We've taken on a 1,000-piece puzzle. Slowly, we're putting it together."

ABOUT THIS SERIES: RIPPLE EFFECTS

The project

Opioid Ripples is an ongoing series produced jointly by four organizations: two independent, nonprofit civic news organizations, Piedmont Journalism Foundation and Foothills Forum; and two media companies: Piedmont Media and Rappahannock Media. The nonprofits provide the research and reporting; the media companies decide when and what to publish in their newspapers and on their websites.

Piedmont Journalism Foundation focuses on Fauquier and surrounding counties. For more information, see piedmontjournalism.org.

Foothills Forum, founded in 2014, and Piedmont Journalism Foundation, founded in 2018, were created to increase in-depth news coverage and public discussion of issues in their communities.

Foothills Forum focuses on Rappahannock County. For more information, see www.foothills-forum.org.

Community support of the nonprofits makes this and other projects possible. Funding for this series comes in part from the PATH Foundation, which provides grants to improve health and vitality in Fauquier, Rappahannock and Culpeper counties.

Region will open first Oxford House in 2020

Residence for those recovering from addiction will be in Culpeper

By Robin Earl
TIMES STAFF REPORTER

As of the first of the year, the region covered by the Rappahannock-Rapidan Community Services Board will have its first Oxford House. Jim LaGraffe, executive director of the RRCSB, said an Oxford House is a resident-run sober living house. There are 2,754 of the residences in the U.S. — 13 in Winchester alone — but none in Fauquier, Culpeper, Orange, Madison or Rappahannock, until now.

Through donations from the PATH Foundation and the Culpeper Wellness Foundation, the RRCSB was able to purchase a home in Culpeper, which it will lease to the Oxford House. It will provide housing for seven men as they continue their recovery from alcohol or drug abuse.

LaGraffe emphasized that peer-led recovery is evidence-based. He said, "Peer-supported recovery is very effective. Such a supportive environment, with people who understand what you've gone through, with those who committed to a sober lifestyle, leads to a greater likelihood for maintaining sobriety."

Oxford House has men-only homes, women-only homes and homes for women with children. LaGraffe said that in Culpeper, the greatest need was for a home for men.

No staff will live at the home, but Oxford House resources are available to its residents. He said that the residents will have help in setting up the house, with deciding how they want to handle the sharing of expenses and the upkeep of the home. "The Oxford staff has regional staff who can provide support," said LaGraffe.

After an Oxford house is established, the residents decide together if someone has to be asked to leave and when to accept someone new into the house. All residents must be employed and must agree to remain sober and pay the collective expenses — heat and water and sewer, for instance.

The Culpeper house is located within walking distance of services and public transportation.

Recovery treatment is not a requirement for admission, but some residents seek treatment while they are living there.

Sean Polster, Warrenton Town Council member (at large) and president of Piedmont CRUSH (a 100-member group working to help fight drug addiction and help those who are recovering from addiction), said that his organization would like to "help create opportunities for job

The Oxford House

Oxford House is a concept in recovery from drug and alcohol addiction. In its simplest form, an Oxford House describes a democratically run, self-supporting and drug free home. Parallel to this concept lies the organizational structure of Oxford House, Inc. This publicly supported, nonprofit 501(c)(3) corporation is the umbrella organization that provides the network connecting all Oxford Houses and allocates resources to duplicate the Oxford House concept where needs arise.

The number of residents in a house may range from six to 15; there are houses for men, houses for women, and houses that accept women with children.

A recovering individual can live in an Oxford House for as long as he or she does not drink alcohol, does not use drugs, and pays an equal share of the house expenses. The average stay is about a year, but many residents stay three, four or more years. There is no pressure on anyone in good standing to leave.

Source: oxfordhouse.org

training, maybe an apprenticeship program," for Oxford House residents.

The news about the Culpeper home was announced at the CRUSH holiday meeting Dec. 5 and was viewed as an important accomplishment. "If people don't have a place to go when they get out ... they go right back doing what they did before," said Polster. He said the project included many different organizations. "So many people have their fingerprints on this."

Finding an appropriate property in the RRCSB region has been difficult, said LaGraffe. "The Oxford House doesn't own the houses under its umbrella; they look for long-term leases, which can be difficult to obtain." He added that no special zoning or permits are required. According to a Supreme Court decision under the American Disabilities Act and the Fair Housing Act, "these are seen as single-family units."

He added, "It's not a hugely burdensome process because it is not a licensed home. It's not that hard if you find a willing homeowner to lease or gift a house."

- JIM LAGRAFFE

Admission to an Oxford House is obtained through recommendations of RRCSB case managers, who identify people who would be a good fit.

"The Oxford House regional coordinator works with the case management team," said LaGraffe. "I



PHOTO BY KENNETH GARRETT

Jim LaGraffe is the executive director of the Rappahannock-Rapidan Community Services Board, which purchased the home that will be used as an Oxford House.

believe we are actively engaged with people who will be in the (Culpeper home) group."

Polster said CRUSH members would very much like to have an Oxford House in Fauquier. He said, though, that a Fauquier resident would be eligible to live in a house in another county; it might even be beneficial.

LaGraffe added, "It can be helpful not to return to the same environment you left when you were struggling." But, he added, "if peo-

ple have to leave their community, that means they are leaving the good stuff behind, too." Some people, for instance, don't want to leave the community where their children are.

LaGraffe said, "I've had groups talk about bringing an Oxford House to Fauquier. It is our organizational hope that will have more of them. We need more of them. We'd like to use the Oxford House in Culpeper as a seed for further houses."

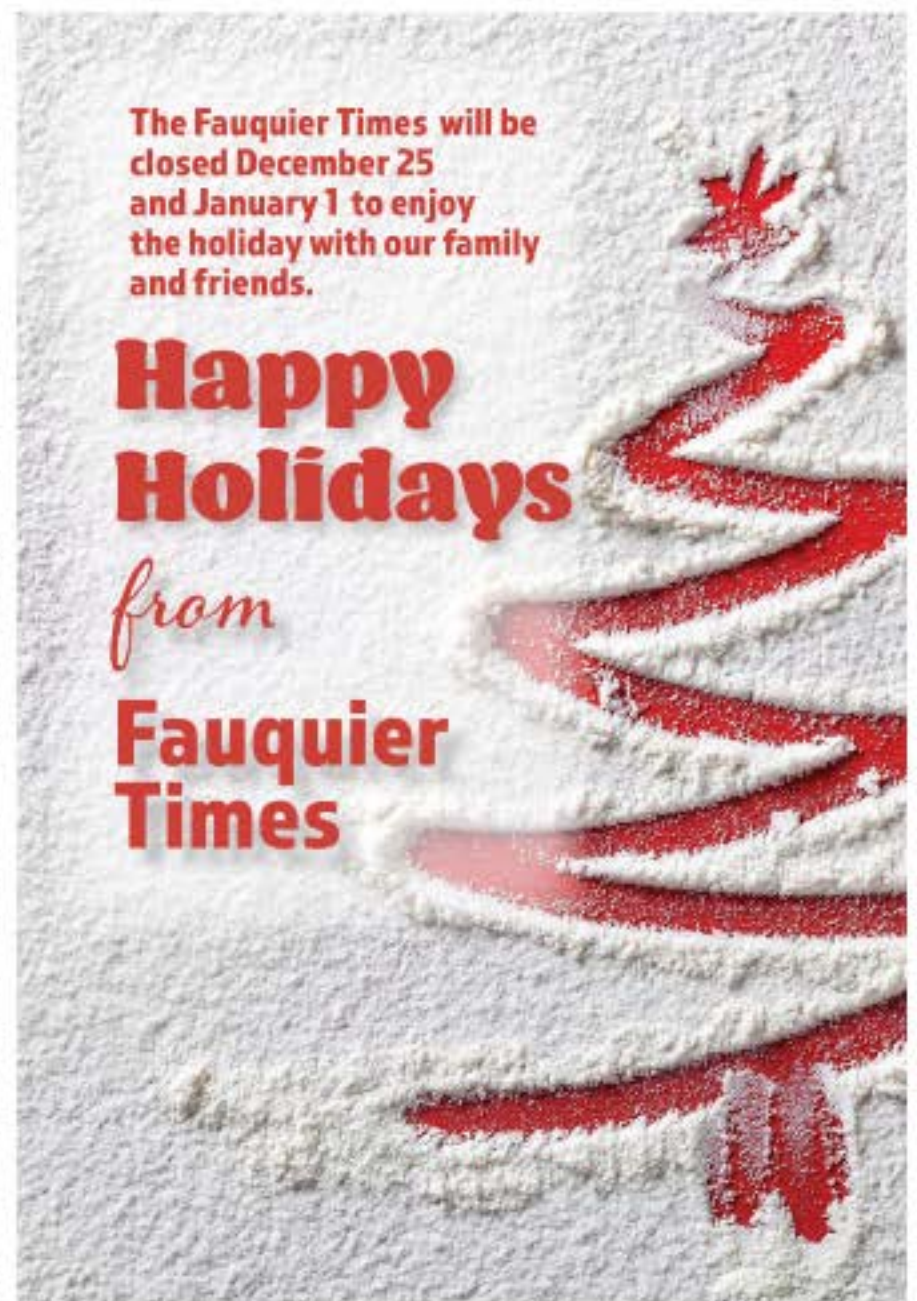
Reach Robin Earl at rearl@fauquier.com

The Fauquier Times will be closed December 25 and January 1 to enjoy the holiday with our family and friends.

Happy Holidays

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Medicaid, MAT expand help for addicts

By Karen Chaffraix
TIMES STAFF WRITER

Deaths from drug overdoses have been on the rise since 2013; they numbered 19 in Fauquier County in 2018. Now, wider access to Medicaid and new regional clinics offering "medication-assisted treatment," also known as MAT, are giving those battling addiction more options.

MAT utilizes the anti-craving medication buprenorphine, known by the brand name "Suboxone," combined with behavioral therapy and case management.

Locally, Dr. Ash Diwan provides a comprehensive MAT program with colleague Dr. Jorge Minera at Piedmont Family practice in Warrenton.

Diwan is also partnering with Winchester Addiction Services' John Lindsey to broaden MAT availability in the region, and is considering opening a clinic in Front Royal. Diwan accepts all insurance, including Medicaid, and said, "we work with" those who have no insurance.

Diwan, board certified in both pain and addiction management, is acutely aware of the problems affecting those with chronic pain and opioid addiction,

and with the laws that restrict their treatment.

Diwan said he strongly believes in the collaborative structure of the MAT program to treat and support the patient on multiple levels. "Addiction is a chronic disease; it needs regular follow-up and assessment," he said. "Thirty-day programs have a 100 percent failure rate. You can't just walk out cured on the 30th day." Ongoing treatment, some for life, may be required, he said. "Physicians treating patients with a short run of buprenorphine and no therapy are putting patients at risk," he added.

See MAT, Page 4

Local soybean farmers don't blame tariffs for low prices

By Leonard Shapiro
CONTRIBUTING WRITER

Conventional wisdom says that the trade war and onerous tariffs over the last year between the U.S. and China have been the main factors in keeping the price of soybeans at distressingly low levels for American farmers. But in Fauquier County, several producers say that the tariffs are only a small piece of the problem.

"The prices started wavering long before anyone was talking about tariffs," said Sid Rodgers, owner of Moriah Farm in Warrenton, who farms about 1,500 acres in soybeans. "Prices were lower last year and last year was lower than the year before. The prices were low with Obama."

China buys more soybeans than any other country; purchasers crush the oilseed into meal, used in livestock feed, and cooking oil. China has been the largest purchaser of American soybeans in recent years, but last year reduced American soybean imports by 96 percent, looking instead to Brazil for soybeans.

The soybean market essentially crashed when the tariff war began, according to Dr. John Newton, American Farm Bureau Federation chief economist.

See SOYBEANS, Page 6



TIMES STAFF PHOTO/ROBIN EARL

Ron DesLauriers, husband of Deja Brew co-owner Eileen DesLauriers, speaks about what he'd like to see in Warrenton's comprehensive plan.

Warrenton planners ask for input on comprehensive plan

By Robin Earl
TIMES STAFF WRITER

Warrenton Town officials have rolled out a new website, www.warrentonplan.com, to inform residents about Plan Warrenton 2040, its comprehensive plan process. The plan will provide a foundation for all decision-making concerning land use planning and growth management. The last comprehensive plan for the town was completed in 2009.

This process has included an open house on March 2 at the WARF and an interactive workshop on March 5 at the PATH Foundation. At the March 5 event, town planners asked for input about how residents would like to see Warrenton develop over the next 20 years. The 50 residents in attendance marked their preferences by voting on what aspects of Warrenton are most important and what they'd like to see in their town in the future.

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Two on primary ballot for commissioner of revenue

By James Ivancic
TIMES STAFF WRITER

Two candidates are making their first bid for elected office by seeking the Republican Party nomination for Fauquier County commissioner of revenue.

No Democratic Party candidates have declared thus far for the office.

Eric Maybach of Warrenton and Carl Wiberg of Fauquier Springs want to head the office currently helmed by Ross D'Urso, who is retiring after serving six terms. Maybach and Wiberg will face off in a primary on June 11.

The commissioner of revenue is the chief tax-assessing official and serves a four-year term. The office maintains property-tax and business-tax records. The commissioner also provides tax revenue projections to the county.

"I love finance and dealing with numbers," Maybach said. "I am beating the streets. I have a fairly large family that's well known. That's given me some inroads. I hope this will be the biggest grassroots win ever."

Maybach, 41, is named after his late father, who was a physician. He is married and has two daughters.

"I grew up on Winchester Street and used to walk to St. John's Elementary School," Maybach recalled. He's a Fauquier High School graduate and attended, but did not graduate from, West Virginia University.

Maybach has been working in the auto-financ-



ERIC MAYBACH



CARL WIBERG

ing sector for 15 years. He's currently employed by Regional Acceptance, which has an office in Herndon. He was previously with Gateway One Lending.

His past employment includes a stint running a restaurant in Blacksburg. He also managed his family farm in Wisconsin for six months.

He said that he has management and supervisory experience in growing a company, hiring and training.

He's also worked as an election officer assisting at the polls on Election Day.

"It opened my eyes about the lack of participation by youth. I'd like to influence and inspire young people to get involved in the process," said Maybach.

"I think the quality I would bring is leadership. I lead by example," he said of the commissioner of revenue office.

Wiberg, originally from Alexandria, played

guitar in a rock band in his young adulthood, worked in sales and started an interior-landscaping business that sold tropical plants. After 13 years, he got into property-appraisal work. He did that under contract, visiting rural counties throughout the state.

Wiberg said that officials he met in other counties uniformly complimented the work of D'Urso's office.

Wiberg said until "I get on the inside," he doesn't have plans to change anything in the way the office operates.

"That's a well-run office. It's a testament not only to Ross but to the staff as well. The people in that office know what they're doing," Wiberg said.

He said the individual taxpayer wants assurance that the tax system is fair.

"As long as everybody believes they are fairly assessed, it's easier for people to cough up the money" to pay taxes, Wiberg said.

Wiberg has been employed by Loudoun County as an assessor for more than five years.

Securing the commissioner of revenue job would allow him to be part of the community in ways that his long commute to Loudoun wouldn't allow, he said.

"I'm looking forward to getting to know these people I've been living with for the past 20 years," he said.

Wiberg is married and has two adult children.

Reach James Ivancic at jivancic@fauquier.com.

Medicaid, MAT expand help for addicts

MAT, from Page 1

Rappahannock Rapidan Community Services Board also offers a MAT program. The agency takes all insurance and can also help those without insurance. Its Warrenton and Culpeper offices accept walk-in patients, a program they call Rapid Access. The RRCSB serves Fauquier, Madison, Orange, Culpeper and Rappahannock counties.

Two new addiction clinics

SaVida Health, based in Nashville, recently opened new outpatient clinics in Woodbridge and Front Royal. Recognizing that addiction is a disease, "not a personal failure," according to its website, SaVida Health uses MAT to help patients addicted to opioids and alcohol.

Diwan said the addition of SaVida Health is significant because the clinic takes Medicaid. Before Virginia voted in 2018 to expand Medicaid, the program was unavailable to many low-income adults battling addiction.

The SaVida clinics also have case managers who help with housing and other patient needs — considered the gold-standard for success by those in the addiction treatment industry.

Laura Maupin is the nurse practitioner on staff at SaVida's Woodbridge clinic, which has been open since December.

"When our patients come in, they receive an immediate assessment," Maupin said. "If they qualify, based on their health needs and other factors, we can start them on Suboxone immediately."



TIMES STAFF PHOTO/
KAREN CHAFFRAIX

Dr. Ash Diwan, at Piedmont Family Practice, is one of only two Fauquier physicians credentialed to treat addiction. Diwan uses the highly praised, MAT (medication-assisted treatment) system, which combines anti-craving medication (Suboxone) with behavioral therapy and counseling.

Intake includes drug use history, a lab analysis and discussions with a counselor and nurse practitioner or doctor.

"They often come in shaky and sick," Maupin said. "But once we get them on Suboxone and find the right level, they leave here in three to four hours feeling a lot better."

"We chose Virginia because of the lack of MAT providers that ac-

cept Medicaid and other forms of insurance," said Tom Purkins, SaVida's mid-Atlantic vice president and general manager. SaVida first launched its opioid- and alcohol-addiction treatment clinics in Massachusetts, and is now opening clinics in Virginia, Ohio, Delaware, New Jersey and Vermont.

RRCSB Executive Director Jim LaGraffe said of the Woodbridge and Front Royal office. "There is so much need out there; we are happy to have more addiction treatment providers."

About MAT

Buprenorphine, invented in England, has been available in Europe since the late 1970s. Because the drug is an opioid that can be abused, the U.S. waited until it was combined with naloxone, which blocks its "high," before legalizing its use in 2000.

When MAT became available in Baltimore, heroin overdoses decreased by 37 percent, according to the National Institute on Drug Abuse. Another study found patients treated with medication were more likely to remain in therapy compared to those receiving no medication.

"MAT decreases opioid use, opioid-related overdose deaths, criminal activity and infectious disease transmission," the National Institute on Drug Abuse reports.

Fewer than half of privately funded substance-use-disorder treatment programs offer MAT, and only one-third of patients with opioid dependence actually receive it, according to the National Institute on Drug Abuse.

Local help for substance abuse

- Dr. Ash Diwan, 493 Blackwell Road, Suite 202, Warrenton; 540-347-4400
- Rappahannock Rapidan Community Services, 340 Hospital Drive, Warrenton, 540-347-7620. RRCSB has a MAT program in Culpeper at 15361 Bradford Road; 540-825-3100. Call for Rapid Access walk-in days at either office.
- SeVida Health, Front Royal: 316 Warren Ave., Suite 1; 540-456-2460
- SaVida Health, Woodbridge: 4001 Prince William Parkway, Suite 300; 703-214-5825
- For more information on MAT programs across the U.S., visit www.samhsa.gov
- The Warmline: To talk to someone who's been there. Confidential, free, 24/7; 1-833-6261490

Access to MAT treatment has been limited by federal legislation that both requires physicians to take extra training to prescribe Suboxone and caps the number of patients they can treat at any one time. In 2000, physicians who obtained a waiver to prescribe the drug could treat only 30 patients at any given time. The limit rose to 100 patients in 2007 and then to 275 patients in 2017.

Across the state, 701 providers can prescribe addiction drugs. Northern Virginia has 191 practitioners with those credentials, 118 of whom take Medicaid.

Reach Karen Chaffraix at kchaffraix@fauquier.com