

Rappahannock News

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\$1

opioid ripples | a special report

'This has touched everyone'

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

BY RANDY RIELAND
For Piedmont Journalism
Foundation and Foothills Forum

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

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 Challiet, a pediatrician at Fauquier Hospital. "The nurses need a break when that's all they're dealing with, day in, day out. It certainly increased stress."

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 last year "had an addiction component."

See **OPIOIDS**, Page 10



BY KENNETH GARRETT

"I hope I never have to see another child sleep on our floor until we can find a placement for them," said Jennifer Parker, director of social services for Rappahannock County, seen with Family Services Supervisor Kimberly Morris.

Lawsuit against supervisor settled out of court

Also in court, accused trespasser not guilty: 'Evidence too ambiguous'

BY PATTY HARDEE
Special to the Rappahannock News

One of the several lawsuits filed against Rappahannock County officials was settled late Monday, hours before the litigants were set to go into a pre-trial conference leading to a September trial date.

In 2017, Tom Woolman, a resident of Amissville, charged Hampton District Supervisor John Lesinski with violating Virginia's Conflict of Interest Act (COIA) several times in Lesinski's capacities as a supervisor and former chair of the Rappahannock County School Board.

Details of the settlement are unknown.

Woolman did not respond to a request from the Rappahannock News seeking comment. His attorney, David Konick, outside the courthouse

See **LAWSUIT**, Page 8

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BACK to SCHOOL



Public hearing set for two proposed cell towers

The Planning Commission voted to move applications for two cell towers forward. But not before expressing concerns over the placement, design, height — and more. **14**

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About this series

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.

► **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.

► **PIEDMONT JOURNALISM FOUNDATION** focuses on Fauquier and surrounding counties. For more information, see piedmontjournalism.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 editor@rappnews.com.



BY KENNETH GARRETT FOR PIEDMONT JOURNALISM FOUNDATION AND FOOTHILLS FORUM

“Most people don’t realize the impact it has had on our community. [Addiction] has touched almost everyone.”

Town of Culpeper Police Chief Chris Jenkins

with opioid abuse, some 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.

VIDEO: Randy Rieland discusses reporting the “Opioid Ripples” insidenova.com/opioids

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.

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

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

Opioids

From Page 1

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.”

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

10 ripple effects

The impact of the opioid epidemic goes far beyond overdose deaths. Here are just some of the ways it has affected communities.

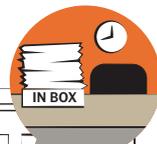
Rising HIV and hepatitis rates



Elevated levels of neonatal abstinence syndrome — babies go through withdrawal



More employee absenteeism and lower productivity



Additional stress and costs on child protective services and foster care systems



Crowded jails and more strain on criminal justice system



Shattered families and children growing up in stressful, unstable environments

Increased demands on first responders, law enforcement officers and hospital staffs, and rising emergency and healthcare costs

Greater need for transitional housing for people in recovery

More relatives taking on responsibility—and costs—of raising children

It’s now more difficult for people with chronic pain to get opiate prescriptions

GRAPHICS BY LAURA STANTON AND RANDY RIELAND

► 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. 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 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. "Whether it's because they can't work or function, 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.

"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.

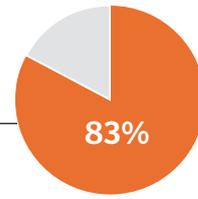
Moving a child isn't always the direct result of substance abuse, but the opioid epidemic has also had an impact there. While the number of cases handled by child protection agencies hasn't changed dramatically, their nature has, according to Marisa Sori, prevention supervisor in the Culpeper Department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

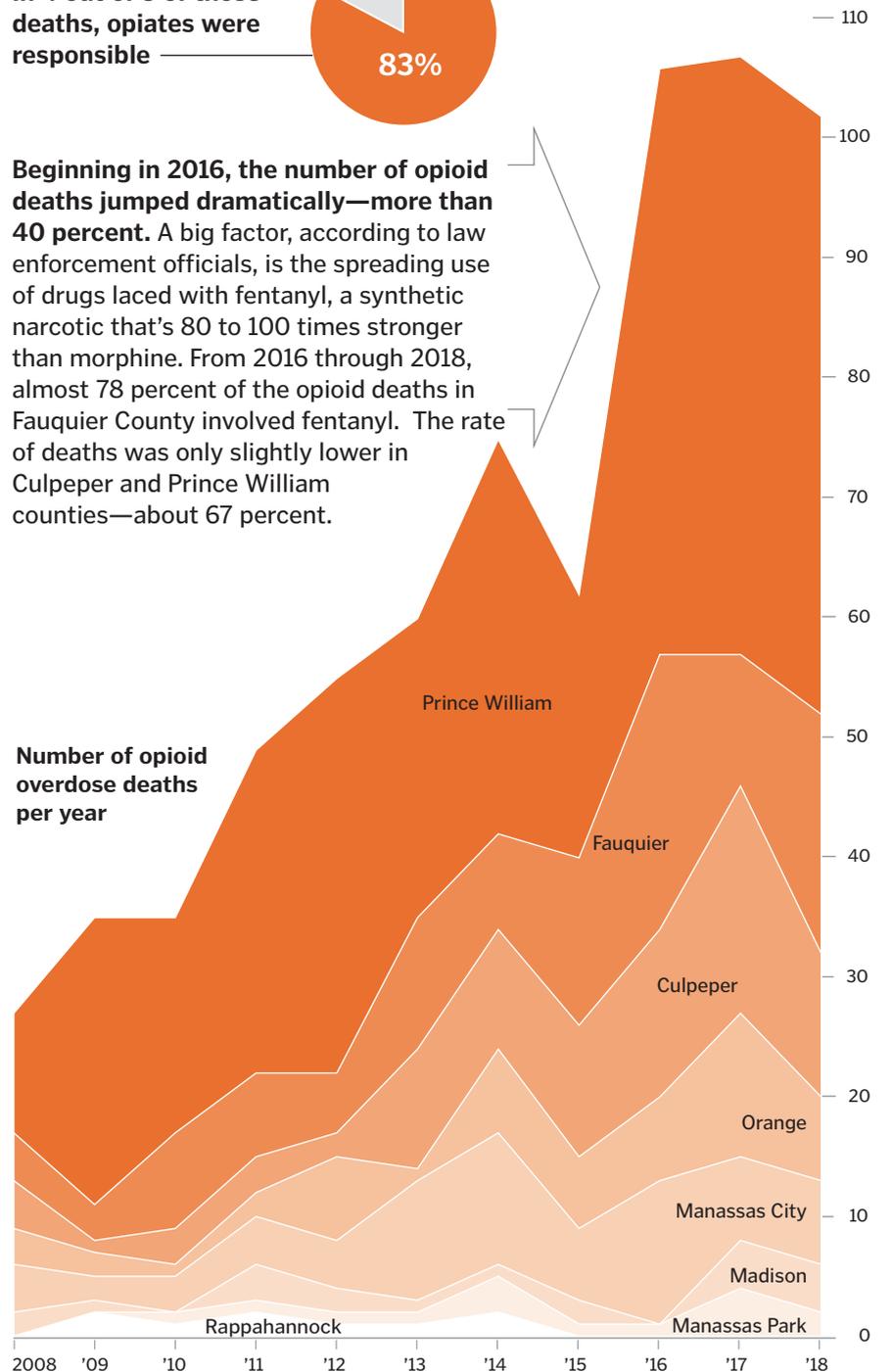
A deadly decade

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.



County	Total opioid overdose deaths, 2008-2018	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

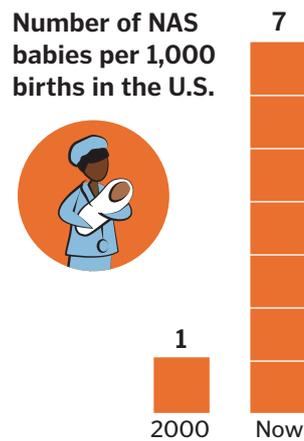
Source: Virginia Department of Health

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Opioids and babies

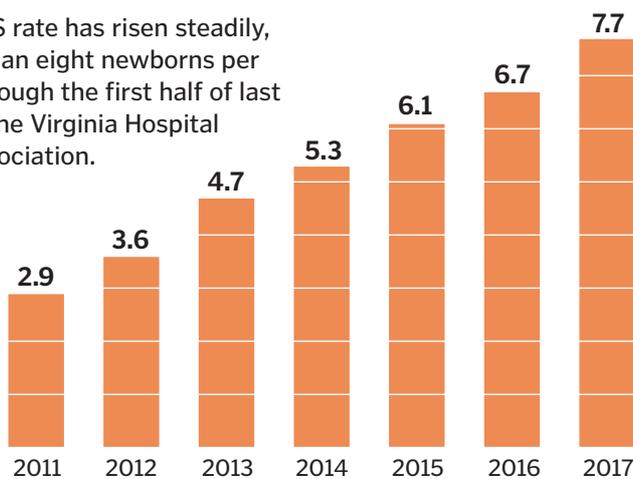
Since 2000, the rate of babies who go through drug withdrawal after birth — a condition known as neonatal abstinence syndrome (NAS) — has skyrocketed by more than 400 percent in the U.S., according to the Centers for Disease Control and Prevention.

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

■ 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	1.9	2.5	3.2	2.7	5.1	3.6
Rappahannock	0	71.4	0	0	0	0	0

Source: Virginia Department of Health

Opioids

From Page 11

children as 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."

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

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 other communities are dealing with the challenges of the opioid crisis.

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 counselors. 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 herself 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.

“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.”



BY KENNETH GARRETT FOR PIEDMONT JOURNALISM FOUNDATION AND Foothills FORUM

‘I lost myself’

An area mom struggles with life after addiction

BY RANDY RIELAND
For *Piedmont Journalism Foundation*
and *Foothills Forum*

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, she 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 steels 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.”

“I was a terribly angry parent with my daughter. 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?’”

Chris Connell,
recovery coach for SpiritWorks

Where to get help

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

MORE HELP ONLINE

For a comprehensive list of community resources, follow the link at insidenova.com/opioids

“I’m a single mom. I’m an addict. I’m a felon. It’s hard...it’s hard.”

Amanda,
recovering addict

Rappahannock News

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THURSDAY, SEPTEMBER 19, 2019

\$1

Friendlier times in Rappahannock



BY JOHN MCCASLIN

It was all smiles and handshakes fifteen months ago when GOP congressional candidate Denver Riggleman was welcomed by the Rappahannock County Republican Committee to the annual Fourth of July parade in Amisville. Now, Riggleman as the 5th district's congressman has been censored by the same committee. ► **FULL STORY ON PAGE 6**

Nov. 20 court date set for elementary school principal

'He's sorta shocked at the whole thing. That's what he seems to be — really shocked and surprised'

BY JOHN MCCASLIN AND PATTY HARDEE
Rappahannock News staff

Emotions ranging from shock and sadness to even anger enveloped the Rappahannock County Public Schools community when it was confirmed last week that elementary school principal Ben-

jamin Temple was arrested Sept. 1 near Ashland, Va., charged with three Class 1 misdemeanors: falsely identifying himself to a law enforcement officer, identity theft, and simulated masturbation.

See **PRINCIPAL**, Page 10

Suddenly Ron Frazier has a challenger

BY JOHN MCCASLIN
Rappahannock News staff

Saying "We can no longer afford Ron Frazier," Rappahannock County Board of Zoning Appeals member Ron Makela has mounted a write-in campaign against the longtime Jackson district representative heading into this November's election.

Writing a letter to the editor of the Rappahannock News on Monday, Makela, a resident of Amisville, states that for 23 years Ron Frazier has served as a member of the BOS and is "the county any better off as a result of his service?"

See **FRAZIER**, Page 11

opioid ripples | a special report

The road to recovery is filled with holes

BY RANDY RIELAND
For Piedmont Journalism Foundation and Foothills Forum

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 transferred from London to a job in Vienna, Va.

But it seemed like unnecessary

Among the obstacles: There's only one place in our region that offers medical detox and extended inpatient substance treatment.

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.

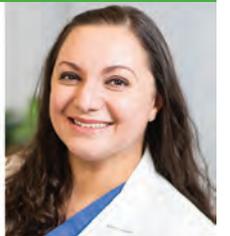
"It turned out to be a perfect storm," Caroline Folker said. "My

See **RECOVERY**, Page 12

Podiatry / Foot & Ankle Services at the Specialty Clinic in Culpeper



Judith Okalba, DPM



Mariam Popal, DPM

www.wellspringhealthservices.com

541 Sunset Lane, #301, Culpeper | 540.825.4557

ELECTION 2019

FORUM

The scoop on Saturday's Rapp News - Businesses of Rappahannock event. 4

PROFILES

Meet your candidates for county School Board. 8-9

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About this series

➔ For the full special report, including additional resources, go to insidenova.com/opioids

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.

► **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.

► **PIEDMONT JOURNALISM FOUNDATION** focuses on Fauquier and surrounding counties. For more information, see piedmontjournalism.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 editor@rappnews.com.

Coming soon

► 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 other communities are dealing with the challenges of the opioid crisis.



PHOTOS BY KENNETH GARRETT FOR PIEDMONT JOURNALISM FOUNDATION AND FOOTHILLS FORUM

“It turned out to be a perfect storm...She might as well have had a bull’s-eye on her back.”

Caroline Folker, with a photo of her late daughter Kathrine

Recovery

From Page 1

anxiety-ridden, naïve 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 and Brian have since separated, a consequence, she said, of their daughter’s death and her struggle with addiction.

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, W. Va.

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 likelihood of relapse is high. A study published in JAMA (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 LaGrafte, executive director of the Rappahannock-Rapidan Community Services Board (CSB), which operates the Boxwood Recovery Center in Culpeper. ►



“People have to go to the D.C. suburbs or elsewhere for residential programs. It’s a real hole in our support system.”

— Jim LaGrafte, executive director of the Rappahannock-Rapidan Community Services Board (CSB), 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 monthlong 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 — and also to places where recovering addicts live in a supervised environment as they sharpen the skills needed for the outside 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 re-entry to a

with no insurance accepted, several beds will be reserved for people paying a reduced rate on a sliding scale.

“The PATH Foundation doesn’t see this as the only answer, but it is a major spoke in the wheel of services needed to address the multi-faceted challenges of recovery,” said Amy Petty, PATH’s director of communications.

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 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 \$40 a day. Without insurance, the cost is about \$75 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 Medical 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.

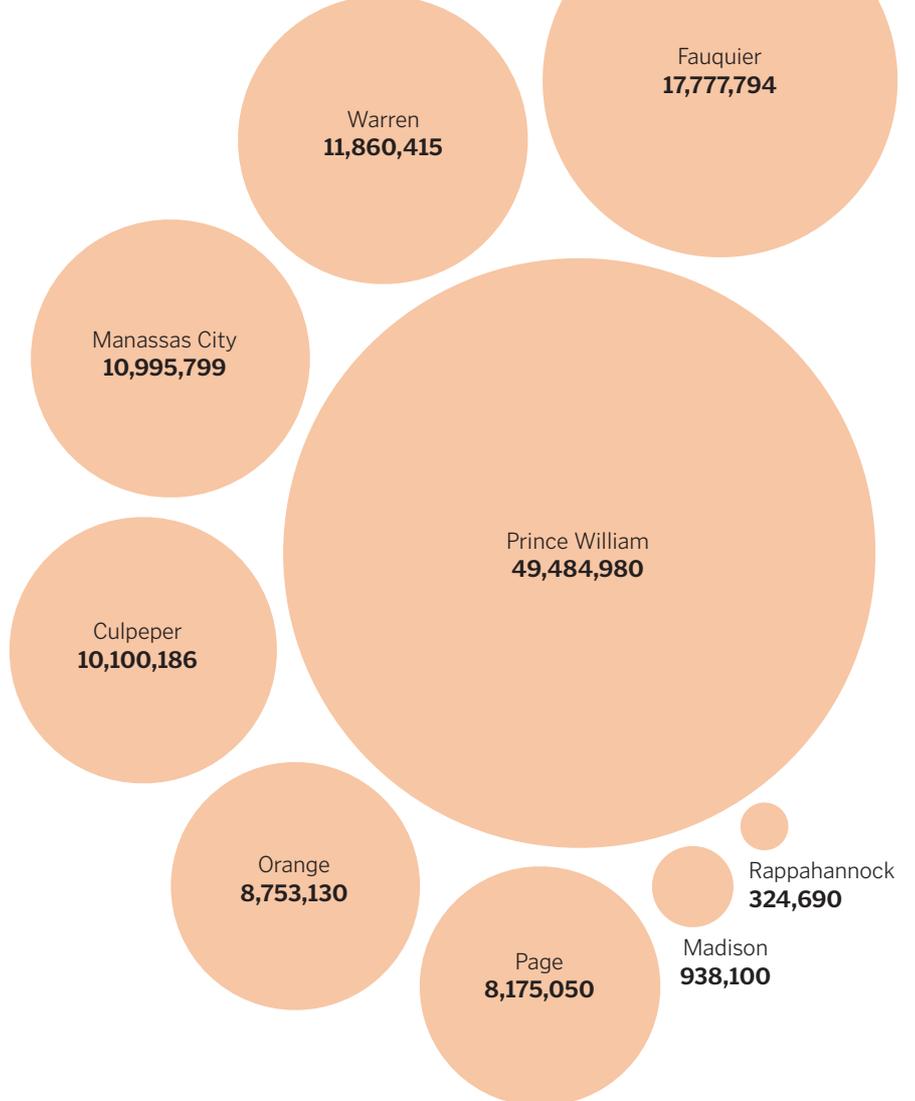
“I don’t ask them to do anything,” he said. “My goal is to get them to a

Billions of pills

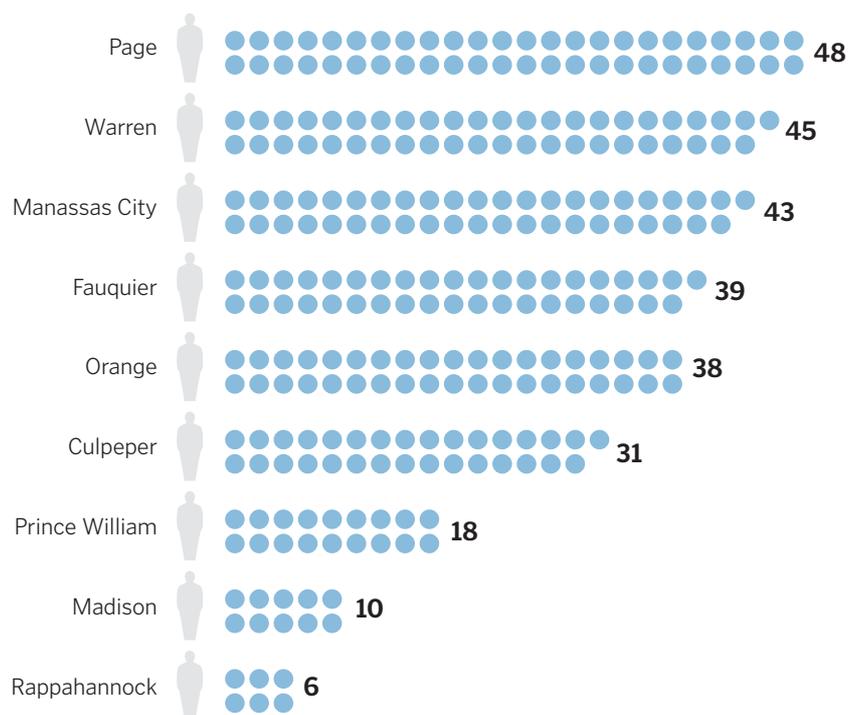
Last July, the Washington Post published its analysis of a Drug Enforcement Administration database that tracks every pain pill sold in the United States. The Post found that between 2006 and 2012, the largest drug companies distributed **76 billion oxycodone and hydrocodone pills**. In Virginia’s Piedmont 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



“When you’re coming out of addiction, you’re crawling below the sewer.”

— Dan Obarski, peer recovery coach in Culpeper

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, and while the center will be self-pay,

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Recovery

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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 B.S.," 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 extremely 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 outside, 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 (RSW) 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," he said. "You know, this dude knows what it's like to be me. He's

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.

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 (DORM) 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 Katrina 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, Va., 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."



"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."

Katrina King, senior community coordinator at the Prince William Adult Detention Center

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 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."

Beyond peers

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

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

Fighting shame and rebuilding brains

Attitudes about recovery are shifting, with more programs combining counseling and behavioral therapy with medication-assisted treatment

BY RANDY RIELAND
For Piedmont Journalism Foundation
and Foothills Forum

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.

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

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

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 longtime 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 struggle with substance abuse — 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 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 Fauquier County Jail and the Prince William County Adult Detention Center are setting up MAT 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."

DaRoo 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."



PHOTOS BY KENNETH GARRETT FOR PIEDMONT JOURNALISM FOUNDATION AND FOOTHILLS FORUM

Wally and Pat Smith started a recovery program at their church in Warrenton at the suggestion of their son, who battled addiction for 15 years before dying of a heroin overdose in 2016.

"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 (AA) and Narcotics Anonymous (NA). Celebrate Recovery (CR) 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 (MAT), in which addicts

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 — and 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 and 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

Resources online

▶ ADDICTION GLOSSARIES

Key terms in addiction treatment, drugs and medications

▶ GETTING HELP

A comprehensive list of community treatment and support resources

Go to insidenova.com/opioids

that he had been able to trade his prescription 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.

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

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opioid ripples

a special report

Breaking the Cycle

Trying to protect the next generation with an early start to prevention

BY RANDY RIELAND
For Piedmont Journalism Foundation and Foothills Forum

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

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Costly scams prevalent here as elsewhere

Victims are put in heightened emotional state, unable to think clearly or make rational decisions

BY CHRIS DOXZEN
Special to the Rappahannock News

Sophisticated scams continue to impact Rappahannock County residents, with one local investiga-

tion now underway amounting to a staggering \$500,000.

Rappahannock seniors in particular are targets — so much so that Sheriff Connie Compton makes it a habit of giving presentations to the Rappahannock Senior Center, where she relays warnings and advice about scam artists.

Bottom line: scammers are relentless, covering virtually every possible angle, with some identifying themselves as IRS agents, U.S. Marshals, Social Security

agents, Medicare representatives, and more. The scam industry is proving so lucrative for no-gooders that it’s now attracting drug dealers who find it more profitable than selling illicit narcotics.

Online dating sites are a particularly rich source for scam artists. Recently, a man in Orange clicked into one dating site and eventually lost \$40,000. Another gentleman from Gainesville on a dating app was

See SCAMS, Page 13



BY CHRIS DOXZEN

Rappahannock County Sheriff Connie Compton, seen at her desk on Monday, says Rappahannock is in no way immune to scam artists.



CWS extends cell tower application deadline to 2020 PAGE 18

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Elementary Principal put on unpaid leave

School Board member Chris Ubben: “I move that the board suspend employee... without pay according to the recommendation of Superintendent Dr. Grimsley.” 6

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Opioids

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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?

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 Department. “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.”



“It's not that someone's a bad person. Their bad behavior comes out of their addiction. It's a Jekyll and Hyde drug.”

— Capt. Ray Acors, Fauquier County Sheriff's Department, with Sheriff Bob Mosier

PHOTOS BY KENNETH GARRETT FOR PIEDMONT JOURNALISM FOUNDATION AND Foothills FORUM

Prevention as a mindset

Not surprisingly, Alan Rasmussen 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 every 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 <https://www.deadiversion.usdoj.gov>.)

Some law enforcement offices — including the Fauquier County Sheriff's Department, the Culpeper Police Department, the Orange Police Department and the Rappahannock County Sheriff's Department — now allow people to drop off unused prescription drugs anytime. That initiative appears to be catching on. In Fauquier County, for example, 96.5 pounds of narcotics were dropped off at the sheriff's department 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 (HIPS). It's a traveling demo of 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 ▶

“About 75 percent of people who are addicts become addicted by the age of 27.”

— Sallie Morgan, executive director of the Mental Health Association of Fauquier County

opioid ripples

About this series

▶ For the full special report, including additional resources, go to insidenova.com/opioids

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.

▶ **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.

▶ **PIEDMONT JOURNALISM FOUNDATION** focuses on Fauquier and surrounding counties. For more information, see piedmontjournalism.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 editor@rappnews.com.

Coming soon

▶ For all the raised awareness about opioid addiction, its stigma persists and plays out in many ways. Also, how other communities are dealing with the challenges of the opioid crisis.



▶ 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 Department and the Madison County Sheriff's Department to create their own versions.

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



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

— Nate Clancy, Culpeper School Board member

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 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, the Culpeper County School District 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 story, page 13).

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 School District has also updated its curriculum, according to Frank Finn, assistant superintendent for student services and special education. He said he has worked with the 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."

See **OPIOIDS**, Page 12

Opioids: By the Numbers



AMERICA'S PROBLEM

81,000 Americans

tried heroin for the first time in 2017. The United States makes up 5% of the world's population, but consumes 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.

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

In the past decade, heroin use among **young adults 18 to 25** has **doubled**.



SOURCE OF OPIOIDS

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

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



IMPACT

The U.S. economic cost: **\$80 billion a year**. That includes health care costs, lost productivity, addiction treatment and impact on the criminal justice system.

The human cost: Almost **21 million** Americans have **at least one substance addiction**, yet only **10%** receive treatment.

Sources: Substance Abuse and Mental Health Services Administration, Centers for Disease Control and Prevention, National Institute on Drug Abuse.

GRAPHICS BY LAURA STANTON

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Narcan saves lives. Can it change them?

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

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



BY KENNETH GARRETT

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 executive director of SpiritWorks, an addiction recovery foundation based in Williamsburg, Va. "If we don't deal with these other pieces, we'll have a decline in the community in more ways, sadly, than simply deaths. 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*



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Opioids

Changing the brain

From Page 11

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 School District. "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."

► ONE MOTHER'S STORY

'You can't start early enough'

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 would die 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.



COURTESY PHOTO

Carolyn Weems:
"We were clueless. None of our doctors or dentists sat down with us and told us that this stuff was powerful..."

Through the middle school years, the lessons cover recognizing 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

SCAMS

From Page 1

showing up at work on Monday mornings entertaining colleagues with his "Natalia pursuit" tales, which ultimately evolved into requests for money. In reality, Natalia was "Boris with a hairy back," he now shares.

Grandparents are increasingly notified by late-night callers that a grandchild is incarcerated, requesting that money be wired to have them released. Such personal family information is easily culled from social media sites, especially photo- and caption-rich Facebook.

Dog scams offering puppies for sale also run rampant, especially during the holidays, with phony breeders sending cute photos and requests for money up front to cover shots and transport. Beware as well of fly-by-night handymen — driveway paving to all manner of repair — where money up front is demanded.

Recently, Rappahannock residents were the targets of a more sophisticated scam where an email list was compromised and money exchanged. The incident was reported to Commonwealth's Attorney Art Goff, who in turn contacted Virginia State Police Special Agent Adam Galton.

In an interview, Galton explains that all too often one's personal information is sold under the "Dark Web," which he says is only the tip of the iceberg. Incarcerated prisoners can earn thousands of dollars by making hundreds of scam calls, courtesy of smuggled cell phones.

Many scammers, it's pointed out, will work to get victims "under the ether," a heightened emotional state

where a person is unable to think clearly or make rational decisions. One gift card scam is so prevalent that Captain Jim Jones of the Rappahannock Sheriff's Office says local Walmart staff are warned to be alert for seniors who appear confused or nervous while buying six or seven gift cards at a time — a huge red flag.

All said and done, never give money over the phone. If asked to do so, it's best to simply hang up. Be skeptical of conversations designed to elicit sympathy, never provide your last name, address, or place of work; and turn off your location settings if visiting an online dating site. Also, avoid revealing on any social media site any surgery, medical procedure or visit to a specialist. And never open email attachments of a suspicious nature, even if sent by a trusted source with the subject line, "I thought you might like this."

Says Sheriff Compton: "If you think you do have a valid reason to share your card over the phone, use a credit card, not a debit card."

Finally, constantly monitor bank, credit card, and insurance statements for any fraudulent activity.

Special Agent Galton goes so far as to recommend using a "buddy system" — reaching out to a family member, friend or somebody you trust — before making any big financial decisions or transactions either online or over the telephone, when instead it's best to "stop, breathe and think."

People of all walks of life, income and education are victims of scams. Sheriff Compton says if targeted call her department immediately at 540-675-5300.

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Rappahannock News

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\$1

Home, shopping and dining complex approved for Clevenger's Corner

► Plans for 700+ new homes off of Rt. 211, near Rappahannock line

► 'We are definitely building... This is not a pipe dream'



The planned development includes a "village"-style shopping center, similar to this project the developer is building in Prince William County.

SAADEH PARTNERS LLC

BY JEFF SAY
Culpeper Times

Clevenger's Village, a modern suburban residential and shopping complex proposed for the front doorstep of Rappahannock County, is a major step closer to reality.

The Culpeper County Board of Supervisors has voted 6-1 to approve a request by developer Emad Saadeh of Saadeh Financial of Northern Virginia to amend proffers for the large commercial and residential development at the in-

tersection of routes 211 and 229.

The 774 dwelling unit plan, which will sit on 1,700 acres and include 12 apartments and eight affordable housing units, will surround a 144,000 square-foot commercial shopping and dining district known as "village commercial," as well a 120-space "employment" commuter lot.

Two 25 acre school sites and a recreational complex are also included in the proffer. The county already owns a water treatment

plant, a sewer treatment plant, an elevated potable water storage tank and a network of water lines on the planned development site.

"We are very excited about the project," Saadeh said. "We did not make the investment and time to buy it and sit on it. The biggest compliment for this project is our background and the strength of our background in commercial development. We also recognize that

See **CLEVENGER'S**, Page 7

Sign kerfuffle: AVFR goes rogue against county codes PAGE 9

opioid ripples

a special report

Addiction's Stubborn Stigma

From community resistance to recovery housing to opposition to needle exchanges, addicts face headwinds. But there are also promising signs of hope.

BY RANDY RIELAND
For Piedmont Journalism Foundation and Foothills Forum

It was a cry that captured a crisis.

"I'm a heroin addict. Nobody cares. Nobody cares!"

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 Maj. Lambert, director of support services at the jail. "My heart melted for her. I don't know why. I'd never seen her before."

See **OPIOIDS**, Page 10



WASHINGTON FINE PROPERTIES
THE PREMIER BROKERAGE FIRM
REPRESENTING THE CAPITAL REGION AND THE VIRGINIA COUNTRYSIDE

A legacy worth following

Hundreds from the Rappahannock community crowded into the auditorium of Wakefield Country Day School last Sunday afternoon to celebrate the amazing life of Linda Dietel. **Page 15**



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Opioids

From Page 1

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. 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.

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 help in regaining 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 The 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 such as 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 LaGrafte, 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 prescriptions of the painkillers in the '90s while the pharmaceutical companies underestimated how addictive they are. The companies aggressively marketed opioids even



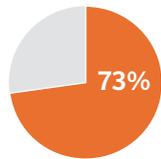
"There's no doubt in my mind that if we hadn't intervened, she would have gone back out and overdosed and died."

— Maj. Amanda Lambert, director of support services at Prince William-Manassas Regional Adult Detention Center, recalls a young woman who ultimately got treatment.

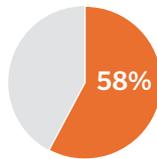
PHOTOS BY KENNETH GARRETT FOR PIEDMONT JOURNALISM FOUNDATION AND Foothills FORUM

How stigma hurts

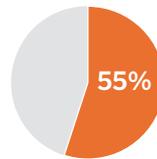
For all the progress made in raising awareness of the ripple effects of the opioid epidemic, the stigma of addiction remains a hurdle. According to a 2018 Associated Press/NORC (National Opinion Research Center) survey:



would not be too willing or at all willing to allow a person with an opioid addiction to marry into their family

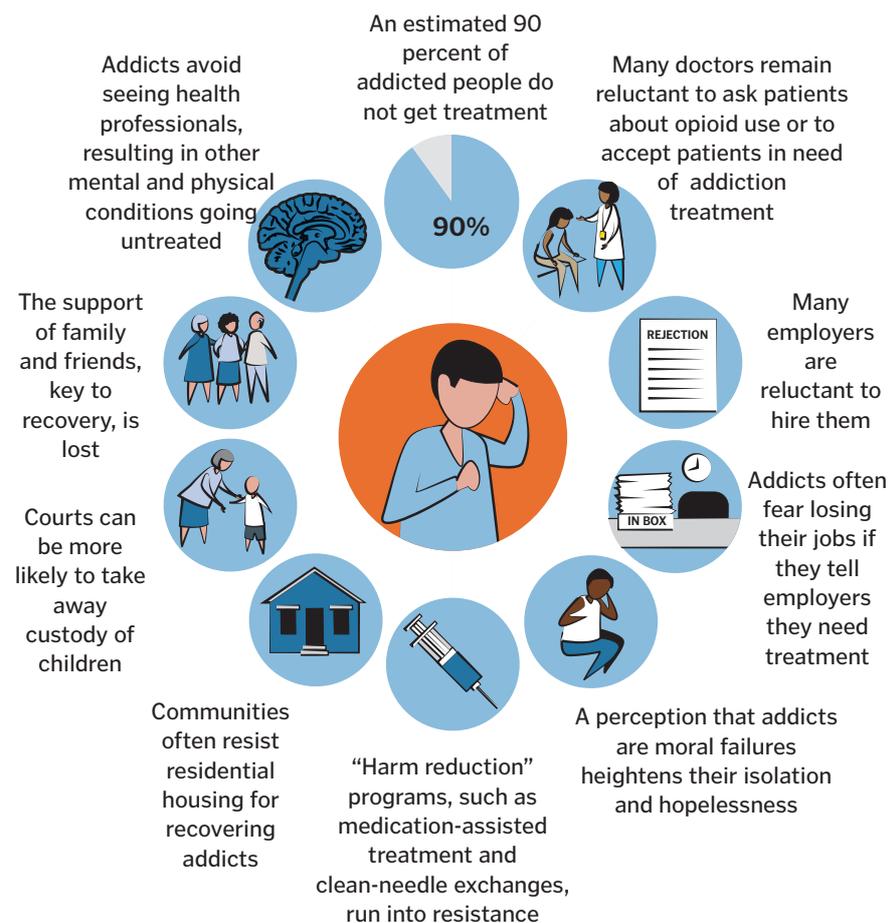


wouldn't want to work closely on a job with a person with an opioid addiction



wouldn't want to live next door to a person with an opioid addiction

10 effects of stigma



BY LAURA STANTON AND RANDY RIELAND

opioid ripples

About this series

➔ For the full special report, including additional resources, go to insidenova.com/opioids

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.

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Foothills Forum focuses on Rappahannock County. For more information, see www.foothillsforum.org.

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▶ as overdoses and deaths rose dramatically after 1999.

Another notable statistic of the epidemic is that 80 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 criminal, 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, and 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

Since Joe’s death, Fleming has taken up the cause of getting local businesses to include the anti-overdose drug naloxone — widely known as Narcan — in their first-aid kits. She also has become a believer in clean-needle exchange programs, as many pill takers switch to using syringes.

“I never thought I’d say that,” she

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:

- 1 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.
- 2** 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.
- 3** 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 that they’re less effective.
- 4** The Piedmont **desperately needs foster families** to take in children of addicted parents. At one point last year, Rappahannock County had only one.
- 5** The number of Virginia **babies born with neonatal abstinence syndrome** (NAS) — or 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.
- 6** 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.”
- 7** 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.
- 8** 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.
- 9** **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.
- 10** **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 Department, Culpeper Police Department, Orange Police Department and Rappahannock County Sheriff’s Department now allow people to drop off unused drugs anytime.

— Randy Rieland

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.

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, and they feel more comfortable with treatment based on abstinence.

Stigma, not surprisingly, is at the 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 (MAT), 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 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



“We don’t get the casseroles brought to your door or the cards. You suffer alone. You grieve alone.”
— Culpeper librarian Dee Fleming, whose son Joe died from a drug overdose

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Opioids

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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 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 Maj. 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

But another harm-reduction element — clean-needle exchange programs — hasn't made much progress in the Piedmont, or in most of the state, for that matter. In 2017, the Virginia General Assembly passed a



BY KENNETH GARRETT FOR PJF AND Foothills FORUM

"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."

— Moira Satre, *Come as You Are (CAYA) founder, on public reaction to a proposed residential sobriety home in Warrenton.*

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—while 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 Rappahannock-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."

But 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." ▶



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► 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 poignant 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 (CAYA), 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

Should there be a ‘drug court’?

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.

→ See the story at rappnews.com/drugcourt

proposal by the McShin Foundation to open a residential sobriety facility in the central business district was discussed. Several recovering addicts 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’s 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.”

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