Police suspect homicide in death of 18-year-old

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

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

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

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

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

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

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

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

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

‘This has touched almost everyone’
How the opioid crisis impacts families, public services across the region

By Randy Rieland
Piedmont Journalism Foundation

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

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

It’s the only way to save them, they tell him, because in jail, their sons or daughters can get the treatment they need. But, as Jenkins points out, the notion that inmates have access to life-changing drug rehab programs is “nowhere near the truth.”

At Fauquier Hospital, doctors and nurses have become painfully familiar with the challenges of caring for addicted mothers and their babies. In 2015, in fact, the rate of infants who went through drug withdrawal in Fauquier County was four times the state’s rate. “We’ve had as many as five addicted babies in here at one time,” said Jeremy 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.”

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

Earlier this year, officials in Rappahannock County scrambled to launch a recruitment campaign for foster families because only one was available in the entire county. As a result, children needing foster care were being sent out of the county to more urban areas as far away as Richmond and Roanoke.

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

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.

- Higher childhood obesity rates
- Elevated levels of neonatal abstinence syndrome – babies go through withdrawal
- More employees and lower productivity
- Additional stress and costs on child protective services and foster care systems
- More grandparents taking on responsibility—and costs—of raising grandchildren
- Crowded jails and more strain on criminal justice system
- Shattered families and children growing up in shabby, 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

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

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.

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Source: Virginia Department of Health

How the opioid crisis impacts families,

OPIOID, from page 1
last year “had an addiction compo-
nent.”

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 profession-
als and shredded the fabric of communities that never saw it coming. And, for

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 be come dehydrated. They’re jittery and highly irritable, and bright lights or the sound of a TV or even multiple people talking can upset them. Som-
times they scratch their faces.

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

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

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

Babies in withdrawal

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What happens after the mother and baby go home can be a bigger challenge.
public services across the region

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

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

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

“This population in general can be a trying one to deal with,” said Cheryl Poelma, director of women’s health services at Fauquier Hospital.

“But some families are really in a good place. They’re getting help, they’re in programs, and we’re confident that by the time the baby goes home that there’s a good plan in effect.

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

Risk factors

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

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

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

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

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

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

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

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

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

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

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

For an inside look behind the article on the opioid crisis visit www.Fauquier.com for a video interview with writer Randy Rieland.
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Finding foster care
When keeping a child within a family isn’t an option — such as when the home situation isn’t considered safe — social services turn to foster care. Ideally, they can place kids with a foster family that’s been vetted and has received training and a home study. But maintaining an ample roster of foster families has been difficult, and they’ve had to instead send children to group homes, often far from their own homes.

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

That prompted Judge Cupp and Jennifer Parker, director of social services for Rappahannock County, to jump-start a foster-family recruitment campaign that, 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 sleeping on the floor. I 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 years. Any costs beyond that period would have to be covered by the local government. Instead, the law will make more money available for local services and other therapy to help former addicts adjust to parenthood and hold their families together.

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

A social safety net
Foster families receive between $500 and $700 a month to help cover the cost of care. They also have access to social workers and counselor services 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 ‘God’s child’ and she gets zero 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 think that was a mistake. I know now that it wasn’t her choice to act like this. It’s a disease. It’s hijacked her brain.”

“I lost myself”
Local mom struggles with life after addiction
From the moment she was born, Amanda, 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 was released from 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. But I’m not like you’re not thinking of your child,” she added. “You’re just too far into addiction that you’re not really aware of anything else. My baby wasn’t my priority. I just didn’t want to be sick.”

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

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

“Having to deal with this right now is extremely hard,” Amanda said. “Addicts don’t really cope with things well. We numb our feelings to escape reality, in a way. 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 be tough. She knows her addiction hasn’t gone away, 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.”

— By Randy Rieland
Fauquier Times | www.fauquier.com | August 28, 2019

WHERE TO GET HELP

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

Phone helplines
Delphi Behavioral Health Group addiction center: 888-367-9987
Legacy Healing Center addiction resource: 888-367-9987
Crisis Hotline: 540-825-5656
Crisis Text Line: Text HOME to 71474
Peer2Peer Warmline: 833-626-1850
Substance Abuse Hotline: 800-662-HELP

National Alliance of Mental Illness
meeting
https://www.nar-anon.org/find-a-families and friends of addicts.

Crisis Text Line: Text HOME to 662-HELP
Call 540-341-7409 or email communitychurchinwarrenton@gmail.com for more information.

Current resources based, 12-step recovery program
Celebrate Recovery: Peer and family support groups. Call 540-428-5415 or go to spiritworksfoundation.org.

Outpatient treatment and counseling


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

Rappahannock-Rapidan Community Services Board: Provides outpatient mental health and substance abuse services. Culpeper: 540-825-5656

SaVida Health: Opioid and alcohol addiction centers that offer outpatient medication-assisted treatment and counseling services. Culpeper: 540-827-4274; Woodmont: 703-214-5825.

Recovery support
Celebrate Recovery: A Bible-based, 12-step recovery program that meets Fridays at the Bridge Community Church in Warrenton. Call 540-341-7409 or email celebraterecovery@bridge4life.com
Narcotics Anonymous: Twelve-step recovery program. Call 800-777-1615 or to find times and locations of meetings, go to https://meetings.intheroom.com/meetings/search.

Fauquier County:
Mental Health America of Fauquier County:
Website: http://faquier-mha.org.

National Suicide Prevention Lifeline: 800-273-TALK

Family support and information
Come As You Are Coalition (CAYA): This organization maintains an extensive online listing of resources, treatment options and support groups. Go to cayacoalition.org.


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

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

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

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

Survivors for Life: Suicide support group meets third Mondays at 7 p.m. in the Rappahannock-Rapidan Community Services office in Culpeper. Call 434-825-8913.

Virginia Veteran and Family Support: Offers assessments of individual and family needs and also peer and family support groups. Call 540-840-3033.

About this series: Ripple effects

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

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

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

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

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

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

What do you think so far?
Let us know what you think of this regional reporting project.
Send feedback to rearl@fauquier.com.

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— Compiled by Randy Rieland

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