Opioid Ripples: Breaking the cycle

Prevention strategies include education and early intervention

By Randy Rieland
Piedmont Journalism Foundation

Fifty years ago, war was declared on drugs.

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

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

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

Then how do you break the cycle? More than 700 people have died of opioid overdoses in Virginia’s Piedmont during the past decade. Thousands have become addicted — many not through a spiraling of recreational drug use, but by taking prescribed painkillers for injuries or disease.

How do you ensure that people with pain fully understand the risks of taking opioid medications for long periods of time?

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CAPT. RAY ACORS
Fauquier County Sheriff’s Office

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.”

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

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

Prevention as a mindset

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

He cites research suggesting that even small increases in addiction prevention can lead to a significant reduction in opioid use.

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As important as law enforcement now, he said. “And it’s the part people kinda forget about.”

The Ripple Effect

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

Planning commission could vote on Delaplaine resort Oct. 17

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

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

“Roeder’s farm is just going to immerse our guests in an experience which allows them to retreat from the daily grind of their lives by overnighting on a working farm with vineyards, forested trails, and an animal sanctuary,” according to the filing. He’s also planning to include a swimming pool, horseback riding and kayaking on the property’s trails, a greenhouse and spa as amenities for lodge guests.

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

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

Roeder needs special exception approval to convert and expand his house into a 42-room resort with a restaurant for guests, hold 78 events per year, create a fire-suppression sprinkler system using above-ground storage tanks containing 180,600 gallons of non-potable water and install a sewage system capable of handling an 11,000 gallons per day capacity.

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

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

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

So Weems said they point a lot when he’s working with community groups or coalitions wrestling with the ripple effects of the opioid crisis.

Starting young: Opioid education a tool for prevention

Carolyn Weems advocates for drug education curriculum

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

“We were clueless,” she said. “None of our doctors or dentists sat down with us and told us that 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 if a friend’s mother offers them medicine when they have a headache. In grades three through five, the focus shifts to how risky behavior can result from drug use and how to refuse an offer of over-the-counter drugs from a friend.

Through the middle school years, lessons cover recognizing painkillers. Police say that because of their street value, they are the 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 at local police departments or the DEA’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 Drug Take-Off Control Division’s website at www.deadiversion.usdoj.gov.)

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

Looking for clues

At the same time, police and sheriff deportments are trying to make parents and grandparents better comprehend the risks that come with being a teenager today. Two and a half years ago, the Culpeper Police Department took a step in that direction by launching its version of a program called Hidden in Plain Sight. It’s a traveling demo of a teenager’s bedroom, filled with items that might indicate he or she is using drugs or alcohol, or engaging in other risky behavior. An innocent-looking soda can might be a reconfigured storage space for drugs. A container of a cleaner 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.

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 schools across the state. That has prompted the Fauquier County Sheriff’s Office and the Madison County Sheriff’s Office to create their own versions. (See page 2.)

The idea is not to turn parents into snoops, said Acors, but to show them how to become more aware of what their kids might be dealing with, whether it’s drug use, addiction, mental 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 average a crisis happens.”

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

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

“We’re doing our thing 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 reach 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 becomes addicted by the age of 27,” Morgan said. “Research has shown that if you don’t use before you’re 17, it can greatly reduce your risk.”

Results of a 2019 Pride student survey -- a national questionnaire used by some school districts every four years -- are still being compiled, but the last one, in 2015, found that the average age of first drug, alcohol or tobacco use in Fauquier schools was 13. The story is equally sobering in Culpeper County. In a 2017 Youth Risk Behavior Survey, more See OPIOID, page 8
Narcan saves lives, addiction continues

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

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

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

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

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

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

It wasn’t that long ago that only EMTs and ER doctors could administer Narcan. Now police and school nurses can. Doctors in Virginia are required to prescribe it with high-dose opioids, and it can be purchased in pharmacies without a prescription. REVIVE! Programs, where laypeople are trained to use Narcan, have become more common.

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

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

“The deaths are going down, which says to me that Narcan is saving lives,” said the Rev. Jan Brown, founder and executive director of SpiritWorks, an addiction recovery foundation based in Williamsburg, Virginia.

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

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

Opioid Ripples: By the numbers

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

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

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

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

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

About 80% of heroin users first misused prescription opioids.

About 53% of prescription opioid users get their last painkillers from a friend or relative.

The economic burden of prescription opioid abuse in the U.S. is almost $80 billion a year. That includes health care costs, lost productivity, addiction treatment and impact on the criminal justice system. Almost 21 million Americans have at least one addiction, yet only 1 in 10 receive treatment.

Sources: Centers for Disease Control, National Institute of Drug Abuse, American Addiction Centers
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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 in line with districts that are starting to follow that teaching kids how to cope with tough decisions is a better way than giving them drug lectures.

Starting early

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

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

“They’re told that if they see pills they’re not familiar with, they shouldn’t touch them,” he said.

“And, that they shouldn’t take medicine without their parents present. Third grade deals more with proper and improper use of medicine. Also, how it affects your body. How it can make you better, but there also can be consequences.

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

The Fauquier County public schools has also updated its curriculum, according to Frank Finn, assistant superintendent for student services and special education. He said he has worked with the Mental Health Association of Fauquier County and other community groups to identify better resources for teachers, including material specifically about opioids.

As in Culpeper, the lessons start early, but with an emphasis on basic coping skills. The goal is to help young students develop the confidence to not be easily swayed into making risky choices.

“I think if you get the elementary learning right, they’ll have the skills to deal with problems they face when they get older,” Finn said. “It increases the likelihood they’ll make better decisions.”

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

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

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

Changing the brain

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

She said that it’s equally important for kids to know what’s at risk. “We want them to understand that this is something that can affect you mentally, physically, emotionally. It could even affect your sex life,” she said. “It’s going to affect all areas of your life. This is a disease. That’s part of the addiction education.”

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

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

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

ABOUT THIS SERIES:

RIPPLE EFFECTS

The project

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

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

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

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

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