Nonprofit takes ownership of Fauquier Times

A little over three years ago, a group of local citizens led by George Thompson of Marshall purchased the Fauquier Times and Prince William Times, forming Piedmont Media. The idea was to preserve these local newspapers in a world where newspapers are in peril.

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

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

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

See FAUQUIER TIMES, page 9

OPIOID Ripples:

The stubborn stigma of addiction

By Randy Rieland

It was a cry that captured a crisis. “I’m a heroin addict. Nobody cares. Nobody cares!”

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

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

The shouting continued after Lambert led the 23-year-old woman into a room at the jail. “I’m a heroin addict,” she raged. “You don’t care about me. No one gives a s—.”

Her distress was so intense she was put in restraints to prevent her from hurting herself, Lambert said. Lambert spent two hours talking with the woman, then showed up in court the next day and sat next to her during her arraignment on a disorderly conduct charge. 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.

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Culpeper County set to create drug court

‘What we’re doing isn’t working’

Andrew Lawson runs down a list of Culpeper County statistics. “From 2016 to June 2019: 39 fatal overdoses, 199 heroin overdoses,” he says, then moves on to overdose revival efforts from 2015 to 2018. “240 units of Narcan administered by our paid EMS crews. And they spent more than 279 hours responding to overdoses.”

Finally, he shares data from Culpeper Human Services: Of the 41 children placed in foster care this year, almost half were because their parents were substance abusers. It’s a grim record that strengthens his resolve to try something different when it comes to how opioid users are treated in the criminal justice system. “What we’re doing isn’t working,” he said. “We’re prosecuting a huge number of people because they have an addiction.”

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The stubborn stigma of addiction

OPIOID, from page 1

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

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

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

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

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

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

“The idea is so ingrained in our culture that a person makes a choice to become addicted,” said Jim LaGriffey, executive director of the Rappahannock Shenandoah Warren Regional Jail in Front Royal. “The reality is we can’t afford not to treat them,” she said.

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

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

— Randy Rieland

“What makes me optimistic is that I know recovery is possible.”

JAN BROWN
SpiritWorks

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

Culpeper County set to create drug court

DRUG COURT, from page 1

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

“I’ve seen drug courts come and go,” he said. “But after Andrew and I talked about it, I came to the conclusion that we all need to do.”

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

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

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

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

A healthy percentage don’t make it all the way through. Of the 61 NRATC participants, 31 are still in the program and another 11 have successfully completed it. But 17 have been sent to jail for failing to meet sobriety and participation requirements, such as weekly court appearances and meetings with a probation officer. Two more died, one from an overdose.

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

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

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

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— Randy Rieland

PHOTO BY KENNETH GARRETT

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

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

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

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

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

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

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...programs. Yet some who have taken advantage of the service admit that they’re wary about doing so. “They feel there’s a stigma with them going into that van,” said Lambert. “They’re afraid police officers and public officers are going to see them there. That’s something that has had to work very hard to convince them that the stigma is going away and everyone is on board with this.”

Few yeas to needle exchange

Fleming said she has also become a believer in clean-needle exchange programs, as many pill takers switch to using syringes. “I never thought I’d say that,” she conceded. But then a friend of her son’s stopped by her house. He said he was dating a woman who was an active addict, and she had learned she was positive for hepatitis C. He said he wasn’t injecting drugs, but had contracted hepatitis C from her. “Hearing that story about how it was affecting people who aren’t even using changed my mind,” Fleming said.

Clean-needle exchange programs haven’t made much progress in the Piedmont, or in most of the state, for that matter. In 2017, the Virginia General Assembly passed a law permitting cities and counties to set up programs where people could trade in used syringes for clean ones. The impetus was a dramatic spike in new hepatitis C cases, especially among 18 to 30 year olds. The number was two and a half times higher in 2017 than it had been in 2011, a direct result of drug users sharing needles. The shift to needle use is reflected in data. People with HIV or AIDS 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 Piedmont, or in most of the state, have functional needle exchange programs — the city of Richmond, and Wise and Smyth counties in southwest Virginia. Roanoke is about to launch one. The reason for the slow response is that the legislation requires local governments and law enforcement agencies to sign off on opening a needle exchange, and they’ve largely resisted.

April Achter, population health coordinator for the 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 personal stories like needle exchange, the stigma puts a higher burden on us to provide more education,” she said. “We’re looking at it from a medical perspective. My role is not one of judgment, my role is one of protecting the public health.”

Achter’s lobbying was unsuccessful. In August, the Blue Ridge Nar- cotics 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 nar- cotics residue is illegal.

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

Fauquier County Sheriff Bob Bosler 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 appropri- ate 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. 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 po-