By Randy Rieland  
Piedmont Journalism Foundation

It was agony enough that their 19-year-old daughter died of a heroin overdose. After all, Brian and Caroline Folker had always thought Fauquier County was a safe place to raise their two daughters. After much research, they had picked it as the place to live when he was transferred from London to a job in Vienna, Virginia.

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

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

“It turned out to be a perfect storm,” Caroline Folker said. “My anxiety-ridden, 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 Folker and her husband have since separated, a consequence, she said, of their daughter's struggle with addiction and her death.

**Inside**

- Business ........................................... 15
- Classified ........................................... 43
- Communities .................................... 37
- Faith .................................................. 39
- History .............................................. 23
- Horse Sports ..................................... 22
- Lifestyle .......................................... 25
- Opinion ............................................. 12
- Obituaries ......................................... 40
- Puzzles ............................................. 14
- Real Estate ........................................ 36
- Sports ................................................ 17

**Opioid**

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

Region suffers from a shortage of opioid treatment centers

By Robin Earl  
Times Staff Writer

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See OPIOID, page 6

**FOCAHIER SPCA**

steps up to handle canine crisis

80 dogs seized from alleged puppy mill in southern Fauquier

By Robin Earl  
Times Staff Writer

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

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

See PUPPY MILL, page 4

**SEPTEMBER 21ST IS**

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OPIOID Ripples

Recovery can be a painfully torturous 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 surface cure. And, unfortunately, Virginia’s Piedmont region is playing catch-up when it comes to both short-term treatment options and long-term assets, such as recovery housing, which can be critical for those trying to make the transition to a more normal life.

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

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

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

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

Changing the brain
Fewer than one out of five opioid addicts get treatment, according to the National Institute on Drug Abuse. For those who do, the likelihood of relapse is high. A study published in Journal of the American Medical Association concluded that somewhere between 40 to 60 percent of those treated for addiction relapse within a year. Typically, that can be the first of a half dozen or more setbacks.

As Dr. 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 LaGrage, executive director of the Rappahannock-Rapidian Community Services Board, which operates the Boxwood Recovery Center in Culpeper.

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

“Boxwood is an intense treatment facility,” LaGraffe said. “But when people come out of there, some still need a supportive residential program. That’s also really lacking in this area. People have to go to the D.C. suburbs or elsewhere for residential programs. It’s a real hole in our support system.”

He is referring to the absence of residential facilities for patients who would benefit from further clinical oversight — such as a person who still has cognitive issues from their substance use — or where recovering addicts can live in a supervised environment as they sharpen the skills needed to thrive in the larger community.

When there is no what LaGraffe called “gentle handoff” to the next stages of recovery, when patients have to make too abrupt a reentry to See OPIOID, page 8

OPIOID, from page 1

An addiction glossary:
Abstinence-based: The model of treatment based largely on peer support rather than the use of medications. The commitment to abstain from alcohol and drugs is a core element of 12-step programs such as Alcoholics Anonymous, Narcotics Anonymous and Celebrate Recovery.
Acute care: Early phase of treatment during which detox can occur and a person is stabilized under medically managed or monitored care in a residential facility. Usually lasts about a month.
Assessment: A process used to evaluate an addict’s condition and determine his or her medical, psychological and social needs. It usually involves biological tests, such as blood and urine samples, as well as a clinical diagnostic interview, and is the first step in developing an appropriate treatment and recovery plan.
Drug courts: Special courts that take a public health approach to drug-related crimes. Judges, attorneys, probation officers, law enforcement, mental health agencies, social services and treatment communities work together to help addicted offenders get into recovery programs.
Employee assistance programs: Voluntary intervention programs offered by employers to support employees dealing with mental health and emotional issues, including substance use. Services offered may vary, but they include providing employees with free, confidential assessments, short-term counseling and follow-up services.
Harm reduction: Strategies, policies and programs aimed to reduce the negative consequences associated with drug use. Examples include clean-needle exchange programs designed to reduce cases of hepatitis and HIV, and wide distribution of Naloxan to save overdose victims.
Intensive outpatient program: A nonresidential clinical treatment where patients participate in hours of individual and group therapy sessions several days a week for as long as four months. It enables people still early in their recovery to transition to living at home while working in a job while getting intensive therapy.
Medication-assisted treatment: Combines behavioral therapy with use of FDA-approved medications, including Suboxone, methadone and naltrexone.
Narcotics Anonymous: Modeled after the principles, practices and structure of Alcoholics Anonymous, it’s a 12-step program for individuals struggling with drug use. NA has regular open meetings in more than 100 countries.
Oxford House: A concept of recovery housing where rent-paying tenants live in democratically run homes where they must abstain from alcohol and drugs and follow other house rules or they are evicted. It’s based on a model created by the nonprofit Oxford House Inc.
Peer support groups: Structured nonclinical programs in which people recovering from substance abuse get support from peer-sharing their own experiences with recovery. Best known peer-to-peer groups are AA and NA.
Peach counselors: Trained and certified counselors who work with recovering addicts in addiction and are providing help and counseling to those still trying to recover.
Recovery coach: A person who works with a recovering addict to make better life decisions and spend less time struggling with overcoming their situation. He or she can assist in many aspects of recovery, from following through on treatment to rebuilding trust from family members and friends.

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

PHOTO BY KENNETH GARRETT

Fauquier Times | www.fauquier.com | September 18, 2019
Stigma prevsents addicts from seeking treatment

But education and new programs are helping

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

“People have so much shame and embarrassment and they’re fearful of coming in and exposing too much of their lives,” said Pat Smith. “But that’s exactly what we will set them free and put them on a journey to recovery.”

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

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

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

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

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

Pat Smith

“You have to have buy-in from the doctors,” Pat Smith said. “You have to have doctors who understand addiction.” She said the stigma of addiction also can play a role.

“We have two-thirds of our patients who are prescribed Suboxone or buprenorphine (one of its principal ingredients) to treat addiction, and they must first take an additional eight hours of specialty training and receive a federal waiver from the Substance Abuse and Mental Health Services Administration. According to SAMSHA, fewer than 7 percent of U.S. doctors have the required waiver.

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, they must first take an additional eight hours of specialty training and receive a federal waiver from the Substance Abuse and Mental Health Services Administration. According to SAMSHA, fewer than 7 percent of U.S. doctors have the required waiver.

One of the reasons 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.

“Their fears of what to do. You may avoid screening for this when you meet with patients. But unless you actually screen, you never know who’s in this situation — from the soccer mom to the tree worker to a physician.”

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

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

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

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.

“They have so much shame and embarrassment and they’re fearful of coming in and exposing too much of their lives,” said Pat Smith. “But that’s exactly what we will set them free and put them on a journey to recovery.”

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

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

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

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**OPIOID** from page 6

a more normal life, the risk of relapse rises."

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

olation 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 “spiritu-

al and personal growth,” the Herren Wellness Re-

treat at Twin Oaks will promote recovery through yoga meditation, exercise and individual and group coaching. The costs of a month’s stay will be about $15,000. While the center will be self-pay, with no insurance accepted, several beds will be reserved for people paying a reduced rate on a sliding scale.

**Staying in treatment**

Residential recovery after detox isn’t an option for many people financially, or they aren’t able to be away from their families or a job for that long. An alternative is an intensive outpatient pro-

gram (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 Warr-

ering 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 pro-

gram 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 that it can be difficult in rural areas to recruit clinicians to work in addiction treatment. Also, the lack of public transportation makes it hard for people to get to therapy sessions, particularly when they’re that far away.

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

“I think it’s better in some ways than someone transitioning into another recovery residence,” he said, “because it makes you have to have some re-

sponsibility, and being out there getting your life restarted while you’re still getting counseling.”

“Crawling below the sewer”

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

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

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

ical Center, the best-case scenario is that they re-

alize their lives have gone off the rails. As a peer recovery specialist, he asks a lot of questions, with the intent of edging them to an epiphany.

“I don’t ask them to do anything,” he said. “My goal is to get them to a place where they’re go-

ing to admit they have a problem and that they’re ready to accept treatment.”

Two years ago, Obarski started a nonprofit called Sex, Drugs and God to help others fight-

ing addiction. As someone who overcame his own alcohol abuse through counseling and a church “accountability” program, he said he can pretty much tell who is serious about taking on recovery and who is telling him what they think he wants to hear. “Addicts are manipulators, but I’m very good at smelling BS,” he said.

If a person appears sincere, Obarski will lay out recovery options. It might be 28 days in resi-

dential detox. It could be a 12-step program like Narcotics Anonymous, or one that’s deeply Chris-

tian, such as Celebrate Recovery. If a patient asks about medication-assisted treatment — which in-

volves 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-Rap-

idan 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’re likely burned bridges with family members and friends, so they may not have a place to live. And, they’re still addicts.

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

“Recovery, honestly, is a hard life to live,” said Chris Connell, who as program manager for the SpiritWorks Foundation in Warrenton oversees a recovery therapy program at the Fauquier Coun-

ty Jail. One big part of the process, she noted, is staying committed to avoiding the people and places that shaped their lives as active addicts.

“If they don’t have a lot of support on the out-

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

Often, after being so intensely focused on do-

ing whatever they felt necessary to avoid being “dope sick,” they struggle with the more prosaic details of recovery, such as making and keeping appointments with doctors and counselors.

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

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

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

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

**Slow going**

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

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

King started using opioids for back pain, be-

came 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 ad-

dicted to opioids. She overdosed and died before King could get her into treatment.

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

See OPIOID, page 9
OPIOID, from page 8

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

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

“Things are moving in the right direction,” she added, “but it’s very slow.”

Life after jail

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

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

The Prince William Adult Detention Center, meanwhile, has operated a special Drug Offender Rehabilitation Module since 1991 for male inmates, and since 1995 for females. McShin founder Sara Wheeler, program manager for Drug Offender Recovery Services, that program has been effective in reducing recidivism — in violent and building family relationships, avoiding moral reasoning and decision-making issues. The program has been successful in the DORM program, and they get out and you see them panhandling just down the street.”

Changing face of addiction

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

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

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

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

“And that,” she said, “is just not true.”

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### Opioid Ripples

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.

#### Billions of pills

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<table>
<thead>
<tr>
<th>Community</th>
<th>Number of pills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rappahannock</td>
<td>324,690</td>
</tr>
<tr>
<td>Prince William</td>
<td>49,484,980</td>
</tr>
<tr>
<td>Fauquier</td>
<td>17,777,794</td>
</tr>
<tr>
<td>Warrenton</td>
<td>8,180,415</td>
</tr>
<tr>
<td>Culpeper</td>
<td>10,100,186</td>
</tr>
<tr>
<td>Manassas City</td>
<td>10,995,799</td>
</tr>
</tbody>
</table>

#### Number of pills per person per year

<table>
<thead>
<tr>
<th>Community</th>
<th>Number of pills per person per year</th>
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</thead>
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<tr>
<td>Fauquier</td>
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<tr>
<td>Warrenton</td>
<td>626</td>
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<td>Manassas City</td>
<td>557</td>
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<tr>
<td>Culpeper</td>
<td>498</td>
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<tr>
<td>Prince William</td>
<td>379</td>
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<tr>
<td>Madison</td>
<td>252</td>
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<tr>
<td>Rappahannock</td>
<td>108</td>
</tr>
</tbody>
</table>

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### About this series: Ripple Effects

#### The project

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

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

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

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

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

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What do you think so far?

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