

Building acceptance, offering assistance

Even with the forces of local, state and federal governments arrayed against them, opioids are tenacious, resourceful foes, and exceptionally difficult to defeat.

For too many people in this region and in other parts of the country, opioids like heroin or oxycodone have been robbers, stealing away youth, vitality, potential and life.

Since this is an all-hands-on-deck battle, we are pleased to see that several religious communities in Washington County have joined the fray.

As we reported last week, 40 churches in Washington County have banded together to form Project Refuge. Teaming up with the Washington Drug and Alcohol Commission, it is designed to educate congregations about drug abuse and help them combat it, and provide “safe spaces” for addicts to come and get help. According to the story by David Singer, some pastors have been reluctant to forward referrals to counselors out of concern that addicts would get in additional trouble because they are violating parole by using or possessing drugs. Project Refuge would work with the county’s adult probation office to remove that danger. It is also joining a Canonsburg-centered effort, the Communities Moving Forward Coalition, which also deploys churches to help combat drug addiction. Project Refuge will also be a spur for some congregations to change their approach to addiction, said the Rev. Michael Lehman of Fairhill Manor Christian Church on Montgomery Avenue in Washington. He explained, “Whether we like to admit it or not, our sanctuaries have not been seen as safe places, but as places of judgment because of the stigma of the disease.” Lehman also said that “we need to build acceptance of those who are on this path and dealing with the disease of addiction.”

That’s a sentiment everyone should get behind.

Category:

Loc EDITORIALS

Calculated lines:

60

Product name:

Observer-Reporter

Publication date:

Sunday, June 19, 2016

Sen. Casey pushes federal funding for state drug crisis

By David Singer

Staff writer

dsinger@observer-reporter.com

The “final horizon” of culture change to view heroin and opioid addiction as a public health issue and not solely a law enforcement problem would be made easier if \$600 million in federal funds were released, according to Washington Drug and Alcohol Commission director Cheryl Andrews.

U.S. Sen. Bob Casey, D-Pa., was joined by county, state and federal authorities April 1 at the WDAC as he pushed for final approval of the Comprehensive Addiction and Recovery Act, or CARA, which passed the Senate March 10. Officials talked about federal help as one of Pennsylvania’s long-sought anti-narcotics measures – a pill-monitoring program – will finally

launch in August.

“This is a problem straight from hell,” Casey said. “States, and particularly this county, have been showing us how to deal with this problem. Now we just need Washington, D.C., to listen to Washington, PA.” Casey said more appropriations for Pennsylvania and other states fighting the heroin epidemic should be a priority for Congress.

The push to provide funding to expand long-term treatment and care for addicts in recovery was highlighted by testimony from Ashley Potts, an addict who became a counselor to help those like herself.

“I’ve been clean for 10 years. When I was in a halfway house for seven months, I was tested to have a sixth-grade education. Now, here I am earning my master’s – the unemployable heroin user. But that came through long-term treatment. I tried outpatient therapy so many times, and it just doesn’t work. You go through withdrawal, and you tell yourself you’re never going to use again, but you need help. My life was worth saving, and so is everybody else,” Potts said.

Potts’ emotional testimony was followed by Gateway Rehabilitation Center director Dr. Neil Capretto and his revelation as he was undergoing treatment for an aggressive form of cancer for the past month.

“I’m getting the best care, and I still have an uphill battle,” Capretto said, pausing to wipe tears, “but I’m afforded this opportunity. I want the same to be there for addicts. These lives matter. Every single one. And I want them to be able to get long-term treatment like I am.”

Washington County District Attorney Gene Vittone said the culture war is being won with first responders administering naloxone, or Narcan, to revive overdose victims.

“We’ve had 46 Narcan saves from first responders like police and firefighters since August. The ambulance guys, they’re always doing this. This is just first responders data. This means the message that we use this stuff and everyone carry it is working,” Vittone said, noting there were at least 300 reported overdoses since summer in Washington County, 38 of them fatal.

U.S Attorney David Hickton said the two main aspects of public support – widely available antidotes and Good Samaritan laws to protect those helping victims – will be supplemented and aided by the long-awaited prescription pill-monitoring program that launches in Pennsylvania in August. The state budget impasse prevented the program, which is an attempt to stop doctor- and pill-shopping, from launching in June 2015.

The “Achieving Better Care by Monitoring All Prescriptions,” or ABC-MAP program, was passed as part of Act 191 in 2014. The program will allow physicians, hospitals and pharmacies to monitor all drugs in classes Schedule 2 through 5. The current monitoring allows law enforcement to track Schedule 2 drugs – which includes narcotics – but no health agencies have similar access. The updated program would also require law enforcement to get warrants to check on the information, according to representatives with the Pennsylvania Academy of Family Physicians.

“There’s still privacy protections in place, and add the fact that law enforcement would still need to go before a judge to seek info beyond what they have now (with Schedule 2 drugs) under the new program,” said Brent Ennis, advocacy officer with PAFP.

State Rep. Brandon Neuman, D-North Strabane, a vocal proponent of Act 191, and whose wife works in pharmaceuticals, said Pennsylvania was highlighted as a problem because nearby states have programs that the Keystone State was lacking.

“Right now you can go to 10 different doctors, 10 different pharmacies and pay with cash and there won’t be anyone who knows better. It’s made worse in the fact you can take scripts across state lines, and despite West Virginia and Ohio having similar programs, there’s no

communication from (Pennsylvania health agencies) on this, so addicts can still pill shop,” Neuman said.

Pennsylvania and Missouri are currently the only two states without comprehensive pill-monitoring for pharmacies, doctors and hospitals.

Category:

ALM News

Calculated lines:

115

Product name:

Observer-Reporter

Publication date:

Wednesday, April 06, 2016

Addict addicted to weight training

By David Singer

Staff writer

dsinger@observer-reporter.com

Editor’s note: This is the first of two parts in an occasional series of stories that focus on the human side of social issues. Today’s topic deals with heroin addiction.

Justin Buckels never skipped leg day. The 27-year-old Washington man credits his early love of lower-body lifting for putting him in competitive shape to potentially break a state record in deadlifting. For the past year, Buckels has operated a physical rehabilitation and strength-training gym out of a garage on Enterprise Road in Washington. It’s his own enterprising spirit he hopes will get him back to work as an occupational rehabilitation specialist. But not before his powerlifting addiction completely replaces his addiction to painkilling drugs.

“I started at 14, 15 – smoking pot, drinking. And it wasn’t bad until I got into pain pills for a year. Then I found out I couldn’t keep up with money on them. So that led to heroin. It happens when you’re around people who are already using,” Buckels said, explaining he’s been in recovery for nearly two years.

Buckels answered questions after working out with Kyle (whose last name is being withheld), a 25-year-old from Moundsville, W.Va., who moved to Washington because of struggles with heroin. Buckels trains those in recovery for free about three times a week. In this session, Buckels showed Kyle the “battle ropes.”

“C’mon! You got it!” Buckels yells as Kyle churns the two 15-foot, thick-twine ropes up and down to work his shoulders and forearms.

“The lifting, it keeps me motivated and dedicated. I consider it meditation. It gives me the energy to pump through the day, and it’s nice to just get out of my own head space for a while,” Kyle said between repetitions.

“I don’t believe in reps,” Buckels interjects. “If you’re already thinking about how many you’re going to do – just go. Lift to failure. Because as soon as your body knows the answer, then you can start asking questions on how to get better and stronger.”

Buckels goes hard at everything. But his discipline wasn’t enough to keep him out of trouble this

summer. On July 25, Buckels passed out from heroin while driving and crashed into a vehicle driven by 41-year-old Ira Redd, of Indiana, as he was driving on West Maiden Street.

She was taken to Washington Hospital with undisclosed injuries.

“I’m a forgiving person, and I pray he recovers from his illness,” Redd said.

Buckels and Kyle are big on prayers. They both credit their faith in God as key to their recovery.

“I came to God through this process. When I was going to (in-patient rehabilitation), my faith was challenged ... But I went into my room, prayed for a sign, and a door that was only slightly open slammed shut with no wind or anything. It made me pause, and I started realizing it’s a higher power that will help me,” Kyle said. “And what’s keeping me clean now is wanting to go back to school to help others and become a social worker.”

Buckels said his devotion to Jesus Christ has been present since he was a teenager – around the same time every other athlete in high school was skipping leg day – and credits a return to faith as helping him keep focused.

“I had (fallen away from God) being in the world of drugs. It was a dark time. But when I moved to Washington, I first started going to Central Assembly in Houston and now Life Church in Washington. I’ve been open with the congregations, and that’s been so helpful. Life Church believes in healing from addiction. That openness with my faith community has totally changed my outlook on life and how I feel about myself,” Buckels said.

Yet, Buckels said if it weren’t for his addictive personality, he might not have ended up falling in love with his passion of competitive powerlifting.

“Whenever high school ended, I needed something to replace sports,” he said. “I met some powerlifters over at the now-closed Alexander’s Gym. I just fell into it. I can’t not lift, you know?”

He nabbed first place in deadlift in the World Association of Benchers and Deadlifters world qualifier in 2010, and several second- and third-place awards through the WABDL in 2011 and 2012. Buckels said he’s ready to jump on momentum of rebuilding his gym – as well as his mind, body and spirit – to try and break the 622-pound state record for the 198-pound weight class.

“This building, everything in it, took years to purchase and pay off. This is a long-term game plan. Some pieces cost \$4,000,” he said, “but as for the record, I can ably lift 600. So now it comes down to researching my weaknesses and incrementally getting there.”

The other long-term plan is to return to full-time work as a physical rehabilitation therapist.

Buckels received his degree in physical therapy and rehabilitation from Kaplan Career Institute in 2009.

“I love working in hospitals, nursing homes. Somehow my life has always been around rehabilitation, whether it’s been physical, mental or spiritual. I feel like my passion and ability to help people is a God-given talent,” he said.

Until that happens, he said he’ll continue to train men and women in his gym with his holistic approach to wellness, which includes “functional cardio” at the end – something most bodybuilders and powerlifters shy away from because they believe it cuts into muscle gains.

“I believe in actually using the muscles you’ve been training to work your cardiovascular system – actually using them and seeing how they perform. So it’s hitting a punching bag, jumping rope or pulling a weight sled that shows you how much work you need to do,” he said.

A lot of what Buckels trains for is to strengthen “stabilization” in support muscles. The stability he’s trained his muscles to retain for so many years, he said, may finally be coming to his mind and spirit.

Category:

Loc CITY

Calculated lines:

200

Product name:

Observer-Reporter

Publication date:

Monday, September 28, 2015

Prescription for changes

By Scott Beveridge

Staff writer

sbeveridge@observer-reporter.com

Pharmacists in Pennsylvania are seeing prescriptions for narcotic painkillers written in other states that have clamped down on addicts skirting the system to get drugs under the radar of authorities.

Canonsburg pharmacist Gerald O'Hare said he refused to fill five such prescriptions Friday, suspecting they had been turned in by addicts or dealers who "doctor shop" and pay with cash to get illegal supplies of the drugs.

"We spend half our day trying to be detective," said O'Hare, owner of Jeffrey's Drugstore at 66 W. Pike St.

O'Hare doesn't have that problem at a pharmacy he owns in Ohio, a state that runs every prescription through a computerized central monitoring program to identify physicians and customers who abuse the system. He said he supports a similar program lawmakers in Harrisburg are considering to address an alarming rate of prescription drug overdose deaths in Pennsylvania. State Rep. Brandon Neuman said he is coauthoring an amendment to state law to help prevent addicts from easily using cash to pay for prescription narcotics they get filled by traveling to many different physicians and pharmacies without detection in Pennsylvania.

"The dealers are moving out. Now pharmacies are seeing these customers with all kinds of sob stories from Ohio, Kentucky, West Virginia and Tennessee," said Neuman, D-North Strabane Township.

House Bill 317 would establish the Pennsylvania Accountability Monitoring System, a narcotics database that raises a red flag for doctors and pharmacists when they are met with a patient or customer who has already received an adequate supply of Schedule II drugs containing opiates or synthetic opiates. The bill, introduced by state Rep. Gene DiGirolamo, R-Bensalem, has moved out of committee and is ready for a vote on the House floor, where it appears to have broad support, Neuman said.

The law would be a major tool in preventing the illegal use of such drugs as Oxycontin, said Washington County District Attorney Gene Vittone, whose office has made prescription drug abuse a priority, given the high number of local overdose deaths.

Washington County Coroner Tim Warco investigated 40 overdose deaths last year, with seven of them involving heroin alone or mixed with other drugs. Seventeen of the deaths involved the used of opiates, Warco's 2012 annual report indicates.

There were 46 overdose deaths the previous year in Washington County, where just two people

died in that fashion in 1992 and 28 in 2003.

Greene County Coroner Gregory Rohanna said he doesn't keep cause-of-death records.

"Obviously, I see more (overdose deaths) now than I did 10 or 15 years ago," he said. The Westmoreland County coroner's office has released its own alarming statistics on drug overdose deaths, stating it had investigated 16 such cases in the first six weeks on this year, five of which were investigated within one week's time. Coroner Ken Bacha stated he investigated a record-setting 71 drug overdose deaths in 2012.

"The numbers are off the charts," Vittone said.

The national average for overdose deaths a year is 10 per 100,000 people, Vittone said. With Washington County's population of 208,282, it should be seeing 20 or 21 such deaths a year, he said citing statistic from the federal Substance Abuse and Mental Health Services Administration.

"We're almost double that," Vittone said "It's insane."

Prescription drug abuse has led to an increase in heroin trafficking, he said. Oxycontin sells for \$1 a milligram and when addicts can't afford an 80-mg dose of the drug they turn to heroin as a cheaper alternative, Vittone said.

He said the problem involving the ease with which drug dealers and addicts get these narcotics by doctor shopping was "eliminated almost immediately" after Kentucky put in a monitoring system like the one on the table in Harrisburg.

That state's program, known as the Kentucky All Schedule Prescription Electronic Reporting system, became law in July, at a time when three people were dying each day there from drug overdoses.

Vittone said physicians are under pressure from drug manufacturers to make these drugs available for legitimate purposes, yet they don't have a monitoring program to trigger the identities of people who abuse them. Other doctors find it profitable to recklessly dispense these drugs in large quantities.

Charles M. Kokoska Jr., a dentist who had practices in Peters Township and Millsboro, was sentenced Feb. 4 to 30 to 60 months in prison for illegally prescribing 6,600 narcotic painkiller pills to seven people between January 2009 and October 2010.

Oliver W. Herndon, a former physician in Peters, will spend no less than 11 years in federal prison after pleading guilty in September in federal court to prescribing 14,000 high doses of oxycodone and Opana after seeing some of his patients for about three minutes.

Meanwhile, Roy Getty Arthrell of Finleyville was indicted in a 2011 sting that was considered to be the most sophisticated painkiller ring ever toppled in Western Pennsylvania. He was among 19 people prosecuted for obtaining 1.6 million milligrams of oxycodone with a street value of \$1.6 million, using phony prescription pads and real doctor's names from information found on the Internet. He was sentenced in September to 18 months in federal prison, court records show. Washington County President Judge Debbie O'Dell Seneca said it's going to take legislative action to "give us the tools" to deal with prescription drug abuse.

She said she is working with Vittone on a plan to create a program and seek grants to deal with areas in the county where there is a connection between blight and drug activity.

Vittone said education can be an effective tool in addressing the problem, that Washington County officials have participated in a number of recent prescription drug abuse summits in an attempt to convince people to become aware of the drugs not being used in their medicine cabinets and how to dispose of them.

People need to know they must call 911 immediately if they suspect someone they know is

overdosing on these drugs as ambulances all carry the drug to counteract opiates, Vittone said. "We'll deal with the legal ramifications later," he said.

Category:

Loc CITY

Calculated lines:

99

Product name:

Observer-Reporter

Publication date:

Sunday, March 03, 2013

Creation date:

Wednesday, February 27, 2013

Archive date:

Sunday, March 03, 2013

: Drug antidote saving local lives

ID: 0000113856

Kicker:

Drug antidote saving local lives

By Natalie Reid Miller

Staff writer

nmiller@observer-reporter.com

Washington County recently made national headlines with 25 drug overdoses reported in two days, three of which resulted in death.

With the administration of naloxone, more commonly known as Narcan, some were saved. Canonsburg police administered the antidote to a woman Aug. 16 in the parking lot of a Cavasina Drive business, then assisted emergency medical personnel who administered it on East Pike Street in Houston. That same day, Donora police administered the drug to a man. On Aug. 17, emergency responders revived a woman who was locked inside a Washington pharmacy bathroom with her 2-year-old daughter.

"It's no secret in August we had a horrendous month," said Cheryl Andrews, executive director of Washington County Drug and Alcohol Commission. "Had it not been for those trainings ... there could have been a much higher death toll."

The commission joined with Washington County District Attorney Gene Vittone's office, providing Narcan kits and training to emergency responders throughout the county. So far, 10 police departments, 16 volunteer fire departments and six ambulance services participated. Andrews said in August alone, 12 reversals were performed by police and fire departments in the program.

Act 139, passed in September 2014, allows first responders to carry and administer Narcan. In April, Gov. Tom Wolf made it a standing order for state police to carry the drug, and Troop B officers, including those in Washington and Waynesburg, were among the first to be trained in

administration.

Narcan works to reverse the effects of opiates, including heroin and prescription drugs like oxycodone. Once a person overdoses, their breathing can begin to slow or stop within minutes. Typically sprayed in the nose, Narcan can reverse the effect quickly.

City resident Georgia Ballentyne, who is unopposed on the Republican ticket for one of two available council seats, questioned during Thursday's council meeting why Washington police officers do not carry the drug.

Washington police Chief Chris Luppino said both the full-time city fire department and paramedics carry and are trained to administer Narcan. He said both departments have a similar response time to police.

"Wouldn't police be more suitable?" Ballentyne asked, saying that people who have been given Narcan can become agitated.

"We're leaving that up to the medical experts to administer. I feel our job is enforcing drug laws," Luppino said. "Our role in combatting this epidemic is to make arrests."

If Washington were more rural, thus delaying response times, Luppino said, "I would absolutely consider it. I'm not against it."

Andrews said it is important for people other than paramedics to have access to Narcan.

"Overdoses can happen anywhere," she said. "Unfortunately, sometimes an ambulance is not available."

Vittone agreed that it's important to have the drug readily available. He said August saw higher-than-normal reports of overdoses, with 80 calls and six deaths in the county.

"It's good stuff to have," he said of the antidote. "I would like to have it available everywhere to save lives."

Andrews said police officers – some of whom were resistant to the idea at first – have found saving lives "incredibly gratifying."

"These aren't people who just woke up one day and decided to start using heroin. A lot had legitimate prescriptions," she said of the overdose victims. "It's our job to reduce the stigma ... and introduce them to a world of treatment options."

Category:

Loc CITY

Calculated lines:

136

Product name:

Observer-Reporter

Publication date:

Saturday, September 05, 2015

Creation date:

Friday, September 04, 2015

Recovering addict: 'We cannot do it alone'

By Natalie Reid Miller
Staff writer

nmiller@observer-reporter.com

Editor's note: This is the second of two parts in an occasional series of stories that focus on the human side of social issues. Today's topic deals with heroin addiction.

A child of the 1980s, Nicole Leith was taught to "just say no" to drugs.

But the simple slogan, promoted by first lady Nancy Reagan and adopted as the name of thousands of anti-drug school programs, didn't thoroughly illustrate the consequences of addiction, said the 30-year-old Washington woman.

"Parents need to talk to their children. If they don't, somebody else will," Nicole said. "'Just say no' doesn't work. They have to know, 'What am I saying no to?'"

Nicole, a recovering addict who struggled with opiate dependency for years, plans to be brutally honest with her 7-year-old daughter, Lilyana, about her addiction.

"The grittiness and the dirty side – I don't think that's talked about. TV and movies glamorize drug use. Nobody shows the dark side. It's the reality of the situation," she said. "I can't hide that truth from her, and I wouldn't, so that she could maybe understand the devastating effects of it all."

With the help of Lilyana's therapist, Nicole and her parents, who have custody of Lilyana, have explained that Nicole is recovering from an illness and that she is away because she is getting better. Recently, though, the youngster has been asking more questions. Nicole thinks that within the next year, she'll divulge more details of her history to her daughter with the help of the therapist.

Nicole hopes honesty will prevent Lilyana from being naive about drugs and alcohol, like she was.

Never experimenting in high school, Nicole began using while in college. Eventually, she said she did anything she had to do to feed her habit, including "stealing, lying and conniving." While her daughter never witnessed her taking drugs, Nicole said she missed a lot of Lilyana's formative years.

"What finally made me want to get clean was, my daughter started to get to an age where she began to understand things," she said. "It wasn't something that I could hide anymore from her."

Leaving her hometown of Monroeville for Washington was pivotal in Nicole's recovery.

She visits her daughter weekly and has rebuilt the once-strained relationship with her family, including her brother, who is also battling addiction.

Nicole's mother, Connie Leith, said early education is an important preventive tool. Although she and her husband were active in their children's lives and provided a stable environment, Connie said opiate addiction still crept into their lives.

"I tell anyone who's willing to listen, especially if they have young teenagers, because that's when you need to get in their head," Connie said. "You need people to be aware that this can happen to their kids. I never in a million years thought it would happen to either one of my kids." More than 20 months' clean, Nicole is a certified recovery specialist, managing a house with nine other women battling addiction. She has strong opinions, not only about drug education, but also how lingering stigmas hinder recovery.

Children would benefit from the adults in their lives "being honest, brutally honest ... and really showing them what addiction looks like. It's not the stuff that they see in movies. It's not the stuff that they hear on the radio. It's a lot deeper than that," she said. "It looks like somebody who hasn't showered for days. It looks like somebody who has lost all self-respect and self-love and self-worth. It looks like somebody who is dying on the inside and dying physically.

"It starts out as peer pressure, and then experimenting and then first use, and it progresses from

there. It's overdoses, it's jail, it's losing your family. It's losing your children.”

Connie said she was naive about addiction. When she discovered Nicole was using, the Plum Borough resident thought telling her daughter to stop would be enough.

“When it's not a part of your everyday life, you don't understand the impact that it actually has on a person and the impact it's going to have on your family,” said Connie. “We didn't really understand what she was into.”

The Leiths believe their lack of knowledge delayed Nicole's recovery. They also believe more treatment options would help curb the heroin epidemic.

“Walks and vigils are all awesome – great ways to get the word out. (But they help) people who are touched (by addiction) rather than the active addict. As an active addict, you don't care about those things. Something I think would help the addict ... is making treatment more accessible,” Nicole said. “So many times, I was done. If treatment was available that day, I would have went. Sometimes it is so difficult to get into treatment, that's how a lot of lives are lost.”

‘There is a way out’

As a recovery specialist and as someone going through the process of regaining herself, Nicole offers a unique perspective to others.

“What I would say to someone who is dealing with addiction right now is not to give up. That there is help out there,” Nicole said. “There is a way out. There are many people like me who have found recovery. It is possible. You just have to speak out and reach out and say, ‘I need help,’ and just follow through with it.”

Detoxification, or “detox,” the process of the body ridding itself of the drug while managing the symptoms of withdrawal, is the first step of recovery. Several medical detox choices are available, including methadone and Suboxone treatment.

However, it is paramount that a person follows detox with treatment, such as intensive therapy, to achieve sobriety. And while it's a difficult process, Nicole said connecting with others, like therapists and those going through treatment, helps ease the transition.

“Those initial feelings are a lot of weight on your shoulders. You can't do it alone,” she said.

“There are still days where, if I have a bad day, I get that fleeting thought for just a second that, ‘I know what would make it go away.’ But I don't act on it ... because that's my addictive nature. My brain likes to take the easy way out and find the quick fix. Over time, you learn to deal with those fleeting thoughts. You understand nothing bad can happen if I don't act on it. I just need to talk this out with somebody, go to a meeting, pray, whatever works for that specific person. Reach out. You need that support. We cannot do it alone.”

Nicole encouraged loved ones of addicts to keep the lines of communication open. She said her parents did, helping her feel “comfortable enough to break down. When you react with anger and aggression, that's the perfect way to make an addict run the other way,” Nicole said. “A lot of times, (an addict) is so scared and ashamed. Be compassionate. Love unconditionally, but don't enable. Look at it like someone with depression, anxiety or PTSD. It makes it a lot easier for someone to be honest with what's really going on.”

About two years ago, Nicole moved back to her hometown and relapsed. She was afraid to tell her family, thinking they might desert her. But they helped her get the support she needed, which made it so much easier to get back on track.

“My mom has so much compassion and strength. Knowing she's going to be there for me makes a world of difference.”

Connie said she never agreed with the advice of those who told her to end all communication with Nicole when she was using.

“You have to be comfortable with the degree of separation that you put between you and your addict. Because there was never, ever a chance that I would ever cut ties,” Connie said. “I think you shouldn’t do that as a parent. You can’t give up. If you give up on your child, there’s nobody else. They have nobody else. They’ll fight as long as you’re fighting for them.”

No one is exempt

Nicole has dealt with being labeled an addict. While volunteering with her daughter’s school activities, she has heard the whispers and seen the stares.

“Others will look at you like, ‘Why is she here? Is she high?’ Stop looking at me like I’m a piece of trash,” she said. “Nobody’s really exempt from it. A lot of people have addictions – to shopping, eating, gambling and drugs. People don’t treat you the same as they would treat people with other addictions.”

Rather than succumb to the negativity, Nicole is honest about her past and willing to tell anyone what she has gone through.

“There’s a stereotype of an addict that people have in their mind, and it’s not true,” said Connie. Through Nicole’s recovery, they have encountered a variety of people in treatment, from teens to senior citizens. They have encountered professionals like teachers and lawyers.

“There’s no set income level, race ... none of that matters,” said Connie. “If (addiction) sneaks into your life ... it completely takes over your life.”

While Washington is earning a bad name for a string of heroin overdoses, Connie pointed out there is a positive side to the epidemic.

“On the other side of that coin, Washington is also an amazing place to recover. There are quite a bit of recovery houses and people in recovery out there ... that, amazingly, have become very tight-knit.”

She said Nicole has many friends who offer her support, whether in the form of a ride to a meeting or as a sounding board when she needs to talk. Her employer and coworkers at an area retailer have also been supportive.

“Places will hire you and give you a chance,” Connie said of the Washington area. “The stigma just doesn’t seem to be there like it is in a lot of places, because it is so prevalent there and because recovery is so prevalent there.”

For help with addiction, contact Washington Drug and Alcohol Commission at 724-223-1181 or visit www.wdacinc.org.

Category:

Loc CITY

Calculated lines:

356

Product name:

Observer-Reporter

Publication date:

Tuesday, September 22, 2015

‘It brought me to my knees’

By Natalie Reid Miller

Staff writer

nmiller@observer-reporter.com

Editor's note: This is the first of two parts in an occasional series of stories that focus on the human side of social issues. Today's topic deals with heroin addiction.

On a warm, late-summer morning, Nicole Leith sits on the front porch of an old, rambling house, occasionally sipping from a mug. The Washington neighborhood is still, the quiet punctuated only by the gentle hum of conversation between Nicole and a friend.

It's only 9:15 a.m., but the 30-year-old already has conducted a meeting. She will work at a second job later in the day.

More than 45 miles away, her daughter, Lilyana, heads to school.

Nicole neither put her 7-year-old to bed the night before nor got her ready in the morning. She didn't feed her breakfast or brush her hair or make sure all of her homework was done. She won't see her child until the following day.

"So many nights, I cry because I'm not there to tuck my daughter in," said Nicole. "There are days when I don't want to do it and I'm ready to quit. Those are the times I think of her. She's the reason I continue to fight."

Once addicted to opiates, Nicole has been clean for more than 20 months.

On this tranquil day, she talks about her tumultuous journey to sobriety, from experimenting as a naive college student to stealing in support of a \$200-a-day habit.

Growing up in a "normal" household in the Pittsburgh suburb of Monroeville, Nicole and her younger brother were raised by a stay-at-home mom and working father.

"Everything that they say you're supposed to do that makes a difference ... we did," said Connie Leith, Nicole's mother. "We ate dinner together every day. My husband did the coach thing. I would think we were pretty normal. We did what we were supposed to do."

Nicole played softball, earned good grades and had many friends.

"There was nothing dramatic that would justify me using," Nicole said.

After graduating from high school, she attended community college. There, she began experimenting with alcohol, marijuana and prescription medication.

"I didn't see it as a big issue because I was going to school full time and working full time," she said. "I didn't know what I was getting into."

Upon learning of Nicole's drug use, the family took her to a local church for a lecture on addiction.

"We just figured that listening to somebody else's story would be enough to steer her away from anything," said Connie, believing her daughter was "back on track at that point" because she continued to work and attend school.

But Nicole continued to use. She became involved with a man who was addicted to opiates. A short time later, she became pregnant.

"I didn't use when I was pregnant, but the mental abuse of the relationship was gradually breaking me down over time," she said.

Months after giving birth to Lilyana, she was diagnosed with postpartum depression. Prescribed medications didn't help, but Nicole found relief in nonprescribed opiates like oxycodone. When that habit became too expensive, she turned to heroin.

"From the first time I did it, I was addicted. It was all I could think about," Nicole said. "It took the pain away. It was everything that I had been looking for to fill that void and kill that pain." Still managing to care for her daughter and work, the addiction slowly engulfed her.

"I was OK for a little bit. But, eventually, it brought me to my knees."

Nicole said she began enacting the "typical behaviors" of an addict: stealing, lying, conniving

and doing whatever she had to do to get the drug.

She described her mind-set in the thick of her addiction.

“You’re so numb to everything. You’re not happy. You’re not sad. You’re not hungry. You don’t have any emotions or feelings. You’re just numb to the world.

“My family knew that something was going on,” Nicole said. “They didn’t know what.”

After stealing from her brother, Nicole was confronted by loved ones. Exhausted from the weight of her secret, she revealed the injection marks marring her arms.

“My family didn’t know what to do. I, myself, didn’t know what I was going through. I didn’t understand addiction. I didn’t understand the drug,” she said. “I knew that I needed help, but I was so ashamed and just so overwhelmed with guilt. Just confused, hurting and wanting a way out, but not knowing what to do.”

Nicole’s family confiscated her car keys and cellphone and prevented her from leaving home. Stopping “cold turkey,” she experienced severe withdrawal for days. Her body shook, her legs ached and her thoughts raced. After three days, her family felt it was safe for her to leave the house.

She immediately fled, in search of drugs.

From the time Lilyana was a few months old until she was 2 years old, Nicole battled the addiction, attending weekly meetings and undergoing intensive out-patient and in-patient therapy.

When she needed a fix or needed money to buy heroin, she “handed her daughter off” to her mother.

“She just didn’t look like our daughter at all,” said Connie, who tried to “push” Nicole into treatment. “That’s the hardest thing ... coming to terms that there was nothing I could do to help her. Nothing I could do to make it better. I think that’s sometimes why it takes parents so long to get them the real, actual help they need. Because you’re in denial. You think you can fix everything.”

“Physically, I was there; emotionally, I was not,” Nicole said of caring for her own daughter.

With their child spiraling out of control, Nicole’s parents made the decision to petition the court for full custody of Lilyana.

“Taking (her) probably brought me the most guilt,” Connie said. “I thought, ‘If I do this, (Nicole) will definitely die. She’ll have nothing to fight for,’” said Connie. “But I think it was a wake-up call for Nicole. She started to take her recovery seriously.”

That’s when Nicole moved to Washington to begin intensive detox and therapy. Relapsing once when she moved back to the Monroeville area, she realized her surroundings were a trigger and decided that to stay sober, she would have to vacate the fount where her habit was born.

A certified recovery specialist, she now manages a recovery house with nine other women battling addiction. Nicole is a confidant and mentor to her peers, who are making the transition from guided recovery to independent living. As much as she helps them, they help her, offering understanding in a way that only an addict can.

“Yes, I’ve gone through terrible times. But if I can help another person because of my weaknesses, if I can help one person by sharing my experience, everything I went through was worth it,” she said.

In an effort to help others with loved ones battling dependency, Connie also shares her journey on Nicole’s recovery.

“Addiction doesn’t just affect the addict. It affects every single person that cares about them.

And it doesn’t matter who you are, it can happen,” she said. “I’m impressed, genuinely

impressed, that (Nicole) can do it, because I don't think I could do it. She still gets up ... and keeps moving forward."

Nicole continues to work on strengthening her relationship with Lilyana, visiting at least once a week and calling daily. She plans to become a substance abuse counselor and help women and children. Eventually, she will take on a more active role in her daughter's life.

An avid reader, Nicole recently took note of her collection of novels, recalling the days that she sold "everything that meant something" to pay for her habit. The simplicity of that full bookshelf bought her a moment of peace.

"Reclaiming parts of my life gave me hope," she said. "Maybe I'm not where I want to be, but I'm on that path."

Tomorrow: Nicole talks about the stigma of being an addict and offers advice to those who are struggling.

Category:

Loc CITY

Calculated lines:

129

Product name:

Observer-Reporter

Publication date:

Monday, September 21, 2015

Creation date:

Thursday, September 17, 2015

Drug antidote saving local lives

By Natalie Reid Miller

Staff writer

nmiller@observer-reporter.com

Washington County recently made national headlines with 25 drug overdoses reported in two days, three of which resulted in death.

With the administration of naloxone, more commonly known as Narcan, some were saved.

Canonsburg police administered the antidote to a woman Aug. 16 in the parking lot of a Cavasina Drive business, then assisted emergency medical personnel who administered it on East Pike Street in Houston. That same day, Donora police administered the drug to a man. On Aug. 17, emergency responders revived a woman who was locked inside a Washington pharmacy bathroom with her 2-year-old daughter.

"It's no secret in August we had a horrendous month," said Cheryl Andrews, executive director of Washington County Drug and Alcohol Commission. "Had it not been for those trainings ... there could have been a much higher death toll."

The commission joined with Washington County District Attorney Gene Vittone's office, providing Narcan kits and training to emergency responders throughout the county. So far, 10 police departments, 16 volunteer fire departments and six ambulance services participated.

Andrews said in August alone, 12 reversals were performed by police and fire departments in the program.

Act 139, passed in September 2014, allows first responders to carry and administer Narcan. In April, Gov. Tom Wolf made it a standing order for state police to carry the drug, and Troop B officers, including those in Washington and Waynesburg, were among the first to be trained in administration.

Narcan works to reverse the effects of opiates, including heroin and prescription drugs like oxycodone. Once a person overdoses, their breathing can begin to slow or stop within minutes. Typically sprayed in the nose, Narcan can reverse the effect quickly.

City resident Georgia Ballentyne, who is unopposed on the Republican ticket for one of two available council seats, questioned during Thursday's council meeting why Washington police officers do not carry the drug.

Washington police Chief Chris Luppino said both the full-time city fire department and paramedics carry and are trained to administer Narcan. He said both departments have a similar response time to police.

"Wouldn't police be more suitable?" Ballentyne asked, saying that people who have been given Narcan can become agitated.

"We're leaving that up to the medical experts to administer. I feel our job is enforcing drug laws," Luppino said. "Our role in combatting this epidemic is to make arrests."

If Washington were more rural, thus delaying response times, Luppino said, "I would absolutely consider it. I'm not against it."

Andrews said it is important for people other than paramedics to have access to Narcan.

"Overdoses can happen anywhere," she said. "Unfortunately, sometimes an ambulance is not available."

Vittone agreed that it's important to have the drug readily available. He said August saw higher-than-normal reports of overdoses, with 80 calls and six deaths in the county.

"It's good stuff to have," he said of the antidote. "I would like to have it available everywhere to save lives."

Andrews said police officers – some of whom were resistant to the idea at first – have found saving lives "incredibly gratifying."

"These aren't people who just woke up one day and decided to start using heroin. A lot had legitimate prescriptions," she said of the overdose victims. "It's our job to reduce the stigma ... and introduce them to a world of treatment options."

Category:

Loc CITY

Calculated lines:

136

Product name:

Observer-Reporter

Publication date:

Saturday, September 05, 2015

Editorial: **Looking at heroin from a human perspective**

Unless you know someone who has fallen victim to it, the heroin epidemic that has swept

through Washington and Greene counties, along with other parts of the commonwealth and country, can seem like nothing more than an abstraction, a welter of statistics and sawdust-dry facts.

Numbers of overdoses. Numbers of fatalities. Rates of relapse. The cost of pain-killing prescription drugs that can be a gateway to heroin. The cost of heroin. The cost of treatment and the productivity that is lost to addiction.

Issues like these have been covered in this newspaper and in many other media outlets. But a two-part story that appeared in the Observer-Reporter Monday and Tuesday went beyond the data and large-scale trends and looked at the toll of heroin from a very human perspective. As part of our “Under the Label” series, it told the engrossing tale of Nicole Leith, a 30-year-old Monroeville native who now lives in Washington, and is shaking off heroin addiction and trying to get her life back on track. Her story reveals how commonplace heroin addiction has become and its riptide-powerful pull.

Leith grew up in what many would classify as a placid, “normal” environment, with a working father, a homebound mother and a younger brother. When she was in junior high and high school, Leith was never one of those kids who dabbled in alcohol or drugs. She had good grades, an array of friends and played softball. Leith’s mother, Connie, told our reporter Natalie Reid Miller, “We ate dinner together every day. My husband did the coach thing. I would think we were pretty normal. We did what we were supposed to do.”

It was when Leith entered community college that she started toying around with alcohol, marijuana and prescription drugs. Eventually, she slipped into the quicksand of heroin and found herself stealing and lying in order to keep up a ferocious, demanding habit. She tried to recover once, relapsed, but then came to Washington to get away from Monroeville and all the cues there that made her inch back to heroin.

Now, Leith is a certified recovery specialist who is managing a recovery house in Washington and guiding the effort of nine other women to jettison heroin from their lives for good. She advocates a kind of unadorned, scared-straight approach when it comes to warning people about the effects of heroin. Rather than, say, the sanitized, glamorous suffering of Frank Sinatra in the 1955 movie classic, “The Man With the Golden Arm,” it “looks like somebody who hasn’t showered for days. It looks like somebody who has lost all self-respect and self-love and self-worth. It looks like somebody who is dying on the inside and dying physically,” she said.

Combating heroin requires a return to the more prosaic realm of law enforcement and public policy. Education and awareness of heroin’s horrific impact must be emphasized. While the peddlers of heroin should be vigorously prosecuted, those who fall victim to it should be edged toward treatment rather than a jail cell. The prescription of opioid painkillers like Oxycodone, which is often a gateway to heroin, should also be closely monitored.

The action we take today can help prevent other people like Leith from having to fight a protracted battle against heroin.

Category:

Loc EDITORIALS

Calculated lines:

133

Product name:

Observer-Reporter

Publication date:

Wednesday, September 23, 2015

Doctors say new heroin treatment closing loop on universal therapy for heroin addicts

By David Singer

Staff writer

dsinger@observer-reporter.com

CANONSBURG – Thirty Canonsburg and Bethel Park residents now carry the fast-acting heroin and opioid antidote naloxone, also known as Narcan.

Canonsburg Mayor Dave Rhome and members of the Communities Moving Forward anti-heroin committee presented training Thursday on how to use the nasal spray and handed out free kits containing the drug, which costs \$36 and can be obtained without a prescription.

The audience heard from Dr. Mitch West, of Gateway Rehabilitation, who also is part of U.S. Attorney David Hickton's heroin task force.

"Washington County is becoming the model for how to treat this epidemic. We've got 60 percent of police departments carrying Narcan now, but it's still a royal battle with some departments. It's sometimes unbelievable what you hear from cops; that they don't want to resuscitate overdose victims. We need a culture change, and that starts with those in this audience," West said.

In the audience at Frank Sarris Public Library were recovering addicts and those who knew family or friends struggling with addiction. They said they knew of the prejudice some officers and first responders hold toward overdose victims.

"One of the Canonsburg officers who reversed (revived) a girl wrote a letter to us at Gateway saying how it was one of the most rewarding and changing experiences of his life. But he didn't want to tell his fellow officers because he would appear soft on drugs. The idea that these are disposable human beings is just repugnant," West said, his voice often quivering when recalling friends and colleagues who had become addicted to heroin.

"I've seen patients get addicted from one pill. And I've had patients who don't get clean until they're in and out of treatment over 14 times. Should we give up on them? I'm not, and you shouldn't. You are in the moral right carrying and preparing to use Narcan," West said.

Narcan has become widely available without prescriptions after Act 139 was passed in November 2014 for it to be available to anyone. But reviving an overdose patient is only the first step in "medically assisted treatment," West said, and that a new post-treatment drug regimen is helping addicts stay clean.

Most addicts are treated during therapy and upon release with buprenorphine – known by its brand name Suboxone – a narcotic painkiller meant to gently step down addicts' cravings. But the fact that it's an opioid treating an opioid addiction, West said, isn't stopping the cycle as effectively as naltrexone, or Vivitrol.

"Vivitrol just quiets the voice. It lasts for a month. I've seen people on it three months later, and they look like they've been clean for a year," West said, "but it's not the same with Suboxone. People can still get high off it, and they stash it. You can't get high on Vivitrol. You simply cannot get high from it, or get high while it's in your system."

A patient must be clean for 10 to 14 days before being given a shot of Vivitrol, or it will make them extremely sick, similar to symptoms of opioid withdrawal, West said.

"It's \$1,000 per shot, but it's covered by insurance. Highmark, UPMC – they'll cover up to a year. And if you don't have insurance, it's tough, but we can get samples for those who need it.

Half of our outpatients are on Vivitrol. We're getting up to nearly 100 since we started about a year ago," West said.

Director of the Washington Drug and Alcohol Commission, Cheryl Andrews, said including Vivitrol as part of jail release could reduce addicts' likelihood to return to crime or using heroin. Andrews said that would be part of Hickton's initiative for "360-degree treatment" from overdose or arrest, to jail or treatment, and ultimately release and further therapy.

"We've had 270 overdoses since August of this past year. We can't arrest our way out of this problem. We're trying to work with the county commissioners to figure out a funding stream for the jail. That is a high-risk overdose population upon release. We need that blocker in place, then set them up with a monthly treatment provider so they don't relapse," Andrews said.

A new study released by the University of Pittsburgh Thursday said whites, women and people ages 35 to 44 are most at-risk to die from a heroin overdose.

Category:

Loc CITY

Calculated lines:

156

Product name:

Observer-Reporter

Publication date:

Saturday, March 12, 2016

Creation date:

Friday, March 11, 2016