

**Statement of James Stark**  
**CEO Fayette County Community Action Agency, Inc**  
**Uniontown, PA**

I would like to thank Representative Dowling and the House Policy Committee for providing this opportunity to submit written testimony on the impact of the opioid problem and the harm to our children.

My background is not in the substance abuse field. I am Executive Director of Fayette County Community Action, an agency which provides social services and a range of housing and community development efforts to local residents to help them escape poverty and lessen its effects on their lives. Currently these services include emergency shelter and food assistance, services for senior citizens, Nurse Family Partnership and WIC services, housing for families, older residents and persons with disabilities, financial assistance for families, and training services. Our community development work includes affordable housing development and community economic development. Our largest community development effort has been our Uniontown Campus of Services, home to Community Action and 15 other non-profit agencies. We are also currently through our work with the Republic Food Enterprise Center, working to increase agriculture production and employment in the region.

Western Pennsylvania has suffered economically for far too long. Unfortunately Fayette County has experience high poverty, high unemployment and other social distress for decades. While this may also be true for some other Pennsylvania Counties, it has been a special challenge in Southwest PA. Many families in Fayette County are struggling.

Fayette County is a challenged county. I think the following overview will show just how challenging the present circumstances and conditions are that we must address:

Poverty and unemployment are high. According to the Pennsylvania Department of Labor and Industry our per capita income of \$38,960 is 23% below the Pennsylvania average. Our unemployment rate of 5.6% in November was the third highest level in the Commonwealth. 37% of our population works in businesses where the average annual wage is under \$30,000 compared to 19% of Pennsylvania's population statewide. Even many of our families who are working full time are struggling. Little reflection is required to understand that programs like SNAP, Medicaid, and child care support are essential services for many households.

36% of our working age population is not in the labor force.<sup>i</sup> Certainly a critical part of the solution we seek is improving and diversifying the economy and wages earned in southwestern PA.

Fayette County has one of the highest poverty rates (19.3%) in the State. Smaller towns like Uniontown (30% federal poverty rate), which is among the poorest cities in the Commonwealth, don't have resources to fully address the problem.<sup>ii</sup>

I especially wish to address how the growing opioid health emergency impacts and compounds the difficulty of our work and that of other important elements of our social services support system.

Poverty is worse for our children. 43% of our children live in single parent households, struggling to sustain a household on one income. Over 50% of our children are living in families with incomes below 200% of the federal poverty level. 55% of our children rely on Medicaid or CHIP for healthcare coverage. The Auditor General's State of the Child report call attention to the challenges faced by Children and Youth Workers. Fayette County has seen a 28% increase in child abuse reports. Strengthening the Children and Youth system by increasing caseworkers, their salaries and their training, as the report documents are important steps. Smaller, more distressed Counties struggle to provide the match for

essential State dollars. Finding ways to help local counties with additional resources is also important.

Living in poverty and at the edges of poverty is a stressful place to be. Struggling to keep housing, pay bills and inability to address unanticipated health and financial jeopardy situations, such as costs of repairing an old car to continue getting to work is common to life for low-income families. There is a growing body of research evidence which links economic distress to higher opioid use.

The impact of the opioid epidemic on children, already challenged by economic circumstances, is a tragedy. It has been reported that as many as 30% of children delivered at Uniontown Hospital were addicted due to the mother's use of opioids. WTAE Action News reported that Fayette EMS responds to about three overdose calls a day. Western Pennsylvania counties including Fayette rank among the highest Counties experiencing drug-related overdoses, according to a report by the DEA and the University of Pittsburgh. Western Pennsylvania Counties generally also tend to rank higher in the rates of families living in poverty. Part of the problems is the economic challenges faced by regional communities with a declining economic base, displacement of the workforce and other social pressures.

Western Pennsylvania and Fayette County are included in Appalachia, a region challenged economically for decades and generations. In a recent article appearing

in the Harvard Business Review calling for a community wide approach to the opioid problem, the authors observed that “socioeconomic forces play a powerful part in the opioid epidemic. Unemployment, lack of health insurance, and poverty are all associated with a higher prevalence of prescription opioid misuse and disorders among adults.” The authors point out: “The geographic distribution of opioid misuse is revealing: Areas of social dislocation, such as poor and densely populated communities, and Appalachia, have some of the highest rates of addiction. Racial and ethnic minorities in urban areas have historically struggled with economic hardship and high rates of drug use. But since the 1970s rural communities have been affected by a sharp decline in manufacturing jobs. This led to high rates of unemployment, financial insecurity, and few options for upward mobility, setting the stage for increase substance use, including opioids.”

Clearly the authors are describing much of western Pennsylvania. While the opioid epidemic is a national problem it hits rural communities like ours hard.

What do we do? Success will require a comprehensive strategy and I suggest the strategy must contain or address these objectives:

- Public education around the harmful effects of opioid addiction on the family is important. Family members need support, information on treatment options and access to treatment.

- Improve insurance coverage for access to opioid addiction treatments.

The PA Department of Human Services reports that 31% (second highest in the Commonwealth) of the population of Fayette County rely on Medicaid for health coverage for their families. Having access to treatment options is important especially for Medicaid but other health insurances as well. We need to provide greater access to treatment facilities for addicted households.

- Increase job growth opportunities across a range of job types.

Growing the economy in western Pennsylvania by encouraging and actually creating family sustaining jobs has to be part of a larger strategy. We need to find opportunities to grow employment in less densely populated areas. Support of economic development work in smaller counties is just as important as this work in larger more urban centers.

- Training is important to transition our residents to new technology and employment opportunities. We need to continue and expand the provision of training and support for the workforce so that they can secure those jobs.
- Strengthen the social-safety net in ways to mitigate the problems caused by unemployment and economic displacement. Support of

emergency assistance for families for housing, utilities, food and other basic necessities is important. Support for families who have lost a loved one to an overdose or put into a position of raising a child need help and support. The Children and Youth System in smaller counties need help and support financially from the State as well.

- Expand the availability of programs like Nurse Family Partnership, Women-Infants and Children programs and other programs which provide prenatal and early childhood support to helping in the healthy development of children. These types of programs reach parents during pregnancy and have success in educating the mom and families reducing substance abuse during pregnancy. Through programs like Nurse Family Partnership we develop very personal relationships with new parents based on trust and support. When we see incidents of drug abuse, our nurses have been trained to identify and address them in a supportive way so that we can continue to work with the families improving outcomes for children and lessening the strain on other agencies.
- Expand the availability of Child Care. Currently the Child Care Information System in Fayette is being consolidated regionally. Fayette County is losing its offices in July. The program employees

will be losing their jobs as well. Access to Child Care Information Service (CCIS) and support will be based in Westmoreland County. We expect access to child care will decline in the County as a result. The PA Association of Child Care Providers has requested of the Secretary of the Department of Human Services a delay in consolidating programs for one year and an opportunity to work with the Department and the process of delivery. When programs like CCIS are regionalized and taken from our community, an important aspect of the program, vital to vulnerable communities such as ours, is lost. Not only do valuable jobs continue to move away from our county but the personal relationships that case workers have with clients are lost.

- Programs seeking to weed out illegal drug use by strengthening local policing, encouraging and supporting police/community partnership model programs and expanding alternate youth options, such as Weed and Seed efforts are important. Uniontown was one of the communities impacted by the elimination of weed and seed efforts. Understandably the economic recession required some programs to be cuts. But part of the strategy has to include a strengthening of law



enforcement to “weed” out illicit drug use. The Weed and Seed program does work and as resources allow should be pursued.

- New innovative strategies, such as the work of CIRCLES Laurel Highlands which is matching volunteer mentors (allies) to help low income families escape poverty, need support as they test new approaches.

Once again thank you to the Committee for providing an opportunity for this testimony. Attached are some additional articles which the Committee may find helpful.

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<sup>1</sup> Southwest Regional Planning Municipal Profile Fayette County

<sup>2</sup> American Community Survey 2011-2015. U.S. Census Bureau.

***Harvard Business Review***

**ECONOMICS & SOCIETY**

**To Combat the Opioid Epidemic, We Must Be Honest About All Its Causes**

**David BlumenthalShanoor Seervai**

**OCTOBER 26, 2017**

The opioid epidemic is a source of deep national anguish in the United States: It now kills almost 100 Americans each day, more than motor vehicle accidents. President Donald Trump today officially declared the epidemic a national public health emergency. Although he hasn't allocated any additional federal funding to address the crisis, the announcement could accelerate efforts at the federal, state, and local levels to identify and implement ways to combat it. As his administration strives to galvanize efforts, it would benefit from drawing on the growing body of research that examines the medical and economic origins and effects of the crisis.

Every part of the country is battling opioid addiction, but the worst-hit states include Ohio, West Virginia, and New Hampshire. The most recent definitive data on the prevalence of the problem comes from the National Survey on Drug Abuse and Health, which surveyed 51,200 Americans in 2015. Based on weighted estimates, 92 million, or 37.8%, of American adults used prescription opioids the prior year (2014); 11.5 million, or 4.7%, misused them; and 1.9 million, or 0.8%, had a use disorder. The epidemic is spreading so rapidly that it's likely the numbers are higher now.

By comparison, there are 17.1 million heavy alcohol users among adults over 18, according to the 2015 survey. But the opioid epidemic's rapid rise, lethality, and protean effects on American society have galvanized the nation.

It's likely that there are multiple causes of the problem. Doctors have played their part. "We started it," author and surgeon Atul Gawande told Vox's Sarah Kliff in an interview in September. Gawande acknowledged that in an effort to better treat pain in the mid-1990s, doctors overprescribed opioids without adequate attention to the consequences. Many experts at the time contended that pain had previously been undertreated in routine medical practice.

Pharmaceutical companies have also been implicated. Several investigations have established that drug makers fueled the epidemic to increase their own sales. In September, Senator Claire MacAskill of Missouri released the first findings of her inquiry into opioid manufacturers and

distributors, reporting that one company, Insys, “repeatedly employed aggressive and likely illegal techniques to boost prescriptions.”

The role of health insurers has received less attention, but recent scrutiny has highlighted insurers’ practice of providing easy access to opioids while limiting access to less-addictive, more-expensive pain medication and addiction treatment, according to analysis from the New York Times and ProPublica.

In addition, socioeconomic forces play a powerful part in the epidemic. Unemployment, lack of health insurance, and poverty are all associated with a higher prevalence of prescription opioid misuse and use disorders among adults.

Of course, these financial disadvantages could be consequences, not causes, of the epidemic, but it seems plausible that hopelessness and social trauma are to blame in part. The geographic distribution of opioid misuse is revealing: Areas of social dislocation, such as poor and densely populated parts of cities, and Appalachia, have some of the highest rates of addiction. Racial and ethnic minorities in urban areas have historically struggled with economic hardship and high rates of drug use. But since the 1970s rural communities have been affected by a sharp decline in manufacturing jobs. This led to high rates of unemployment, financial insecurity, and few options for upward mobility, setting the stage for increased substance use, including opioids.

The soaring death rates from opiate abuse have led to an increase in the mortality rate among working-age white Americans. History offers only one other recent example of a large industrialized country where mortality rates rose over an extended period among working-age white adults: Russia in the decades before and after the Soviet Union’s collapse. The economic and social contexts have been eerily similar, and substance abuse has been a dominant factor in both countries: alcohol in Russia, opiates in the United States. The Russian experience, like the American one, was fueled in part by social dislocation as the Soviet Union’s economy collapsed and Russian workers experienced a dramatic loss in financial security.

Researchers estimate the economic cost of the U.S. opioid epidemic may be as high as \$80 billion a year, even excluding the economic value of a lost life. For those living with addiction, it’s very difficult to maintain regular employment: Nearly one-third of prime-working-age men who are not in the labor force take prescription pain medication on a daily basis, Princeton economist Alan B. Krueger found in 2016.

Building on this research, Krueger recently estimated that opioids could account for about 20% of the decline in labor-force participation from 1999 to 2015. This reduction in the proportion

of working-age Americans who are employed is alarming. Krueger's evidence: Participation in the labor force fell more in counties where relatively more opioid medication is prescribed. While this research isn't definitive, the connection between opioids and economic productivity is certainly suggestive.

Whether opioid addiction is the cause or the result of widespread economic dislocation in America may be academic at this point. As Krueger points out, "Regardless of the direction of causality, the opioid crisis and depressed labor force participation are now intertwined in many parts of the U.S."

Countering the epidemic requires a multipronged approach. Making addiction treatment more widely available is one first step. Many insurers don't cover treatment, and many individuals struggling with addiction lack insurance. In most states, Medicaid covers less than half the cost of treatment medication, but Harvard researchers found that states that expanded Medicaid and actively promoted naloxone experienced greater reductions in opioid-related deaths than states that didn't.

In addition to treatment for addiction, doctors need to rethink how they treat pain — and should more actively use prescription drug monitoring programs to identify suspicious patterns of opioid use — and insurers need to cover effective non-opioid pain remedies. For the uninsured, further expanding coverage through the Affordable Care Act could help increase access to preventive care for illness, partially eliminating the need for painkillers. In the end, however, addiction — to opioids and their more common cousin alcohol — may reflect deep-seated social and economic ailments that will never fully yield to medical remedies. Naloxone and drug rehab will never treat joblessness, poverty, lack of economic opportunity, and the hopelessness that results. That will require economic, not addiction, rehabilitation.

# The Link Between Opioids and Unemployment

A new study finds that as the jobless rate rises, so do drug overdoses

April 18, 2017    *The Atlantic*

In 2015, more Americans died from drug overdoses than from car accidents and gun homicides combined. That's according to a startling interactive story published by The New York Times recently, which also noted that since 1990, drug-overdose deaths have increased by 500 percent.

A new study suggests unemployment might be one of the factors behind that dramatic rise. The paper, published by NBER last week, finds that as the unemployment rate increases by one percentage point in a given county, the opioid-death-rate rises by 3.6 percent, and emergency-room visits rise by 7 percent.

Rather than more people getting injured when jobs are scarce, the authors suspect that the increased use of painkillers is a "physical manifestation of mental-health problems that have long been known to rise during periods of economic decline." Depression and pain are twin agonies, in other words: Not only does depression make people more sensitive to pain, they note, opioids have been shown to help relieve depressive symptoms.

This isn't the only study that has linked joblessness with painkiller use. In another recent paper, the Princeton University labor economist Alan Krueger found that nearly half of "prime age" men who aren't in the labor force take pain medication daily. And past studies have found that the unemployed are more likely to use illegal drugs than full-time workers.

## RELATED STORY

Is Economic Despair What's Killing Middle-Aged White Americans?

These studies lend support to the idea that many opioid overdoses are “deaths of despair,” as the Princeton economists Anne Case and Angus Deaton call them—deaths brought on by joblessness, hopelessness, and both physical and emotional pain.

Europeans also suffered joblessness during the recession, but they aren’t overdosing at American levels. Most European countries have stronger social-safety nets, which might soften the trauma of unemployment, as well as socialized health-care systems, in which prescription records tend to be centralized.

In a recent Brookings paper, Case and Deaton are careful to note that pure financial strain doesn’t explain the full “despair deaths” picture. Rather, overdoses, suicides, and alcohol abuse are all driven by what they call “cumulative distress,” or the overall “failure of life to turn out as expected.”

This paper shows that joblessness can be an element of those dashed hopes—even if it’s not the only one.



## **CDC: Pennsylvania among four states hardest hit by overdoses**

December 21, 2017 Pittsburgh Post-Gazette

Pennsylvania had the nation's fourth-highest rate of drug overdose deaths last year, the Centers for Disease Control and Prevention reported Thursday, as part of a dire analysis of addiction's toll.

The Atlanta-based federal agency released its latest breakdown of the cascading addiction problem, which took 63,600 American lives last year -- two-thirds of them stolen by opioids like fentanyl, heroin and oxycontin.

The CDC called that "an increasing public health burden in the United States," a day after noting that it has almost single-handedly reduced American life expectancy for the second year in a row.

"It's a vital sign of the societal health of the nation," said Donald S. Burke, dean of the University of Pittsburgh's Graduate School of Public Health. He said the opioid epidemic "is sapping our national strength."

Nearly 38 out of every 100,000 Pennsylvanians died from overdoses in 2016. West Virginia topped the nation with a drug death rate of 52 per 100,000, followed by Ohio and New Hampshire at around 39 per 100,000. (The non-state District of Columbia also had a slightly higher rate than did Pennsylvania.)

The national overdose death rate jumped 21 percent over the prior year, driven by a doubling of the prevalence of fentanyl in the deceased.

"This was a bad year, no doubt about it," said Dr. Burke. He has studied 40 years of overdose data, and said the average annual increase in drug deaths is around 9 percent. He's never before seen a year in which it has increased more than 18 percent.

"The overall curve for 40 years has been inexorable but exponential," he said. With estimates of the number of people addicted to opioids in the millions, there are plenty of people at risk of dying, he said. "Overall, unless we do something dramatically different, the curve will continue on an exponential path."

According to a Drug Enforcement Administration report issued in June, Pennsylvania lost 4,642 people to drugs last year -- a 37 percent increase from 2015.

The Post-Gazette, in a special report, has detailed the effects of the opioid epidemic on the city's southern neighborhoods.

The rate for the nation as a whole is nearly 20 per 100,000 -- more than triple what it was in 1999. The upward surge has been most pronounced since 2014, when black market fentanyl became more prevalent.

The CDC reported that the fatal overdose rate for men is nearly double that for women. The rate is consistently high across the 25-54 age group.

Dr. Burke said that close analysis of the data suggests that two epidemics are merging. One involves middle-aged people who were prescribed narcotics and became addicted. Another involves twentysomethings who may have started with black market opioids.

"We may be entering a phase of the epidemic where there is an acceptance, or a normalization of heroin use," he said.



Allegheny County Health Director Karen Hacker said that incomplete data for this year suggests that southwestern Pennsylvania isn't seeing "any blunting of this epidemic that we are detecting at this time."

With counties still finalizing overdose cases from October, some are already reporting confirmed drug death totals at or near last year's record highs. Allegheny County has already finalized 591 overdose autopsies, closing on last year's 650. Butler, Fayette and Lawrence counties have already completed more drug death autopsies than they did last year.

Dr. Hacker said that her department expects to hire, early next year, two new staff members dedicated entirely to addressing the opioid crisis. They'll go into hard-hit neighborhoods -- she mentioned Carrick, Shaler and Millvale -- and start asking the residents how the county can help, plus helping people to get treatment.

The department aims to reduce the problem countywide, rather than just pushing it from one neighborhood to the next, she emphasized.

She said that since 2015, her department has dispensed around 4,148 kits of naloxone, which reverses opioid overdoses, and trained 4,736 people to administer the drug. Organizations like Prevention Point Pittsburgh also offer naloxone and training.

Dr. Hacker said the department is now exploring ways to equip some volunteer fire departments with naloxone.

She acknowledged that efforts to prevent addiction have not gained enough traction. "We are so busy trying to save lives that there hasn't been a big bandwidth to focus on what is going on with younger population."

"Maybe we'll see a technological breakthrough that will help us," said Dr. Burke. So far, though, he gave the public sector low

marks for its response to the epidemic. He said that despite the rising cost of the epidemic, estimated at \$100 billion per year, federal spending on addiction research, treatment and prevention over the past decade has not even kept pace with inflation. "There's something seriously wrong here."

Shortly after the CDC issued its overdose analysis, state Rep. Bryan Barbin, D-Cambria and Somerset counties, introduced a bill to limit the use of pharmaceutical fentanyl for two years. "I'm hoping this bill will decrease overdose deaths and provide relief for the state's coroners, emergency medical service workers and law enforcement," he wrote in a press release.

West Virginia's 25 percent jump in overdose deaths "is totally unacceptable," said Dr. Robin Pollini, a researcher at the West Virginia University Injury Control Research Center. "We need a sustainable statewide naloxone distribution program, and we need to expand treatment capacity so that people who want to stop using drugs can get the treatment they need."

The state with the lowest drug death rate was Nebraska, at 6.4 per 100,000.

Dr. Burke suggested that the areas hardest hit by opioid addiction may be suffering from a "loss of a sense of purpose, loss of a sense of community. Another word that is used is hopelessness."

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# Babies born addicted growing problem across Western Pennsylvania



MARY PICKELS (MAILTO:MPICKELS@TRIBWEB.COM?SUBJECT=RE: BABIES BORN ADDICTED GROWING PROBLEM ACROSS WESTERN PENNSYLVANIA STORY ON TRIBLIVE.COM)

[mpickels@tribweb.com](mailto:mpickels@tribweb.com)?Sunday, Feb. 9, 2014, 11:17 p.m.



GUY WATHEN | TRIBUNE-REVIEW

Nancy Brown, team leader for the Family Beginnings Birthing Center (left), Lea Walls, director of the center (middle), and Mary Jul Phillips, community liaison and education specialist, at Uniontown Hospital on September 26, 2013. About 30 percent of the babies born at the hospital are drug-addicted.

Nicole Ehredt of East Liberty was in methadone treatment when she delivered three of her four children, struggling to break a drug habit that started when she was 12.

The youngest suffered tremors from addiction when he was born underweight two years ago at a Cambria County hospital.

Ehredt, 30, took her son home and breastfed, providing the methadone and easing his symptoms. When he was 6 weeks old, she weaned him by switching to formula.

"(The tremors) went away after he (nursed)," Ehredt said. "He's still a small baby."

The state doesn't mandate substance testing for newborns, track the number of babies born addicted or require hospitals to report women who are in drug rehabilitation when they deliver. Reporting is mandatory only when babies born to mothers not in rehab have withdrawal symptoms.

At least 648 babies were born addicted or treated for addiction last year at Uniontown, Magee-Womens Hospital and West Penn and Forbes hospitals. Although hospitals aren't required to track them, officials agree the number has multiplied in a decade in tandem with a statewide surge in heroin and prescription drug abuse.

At Excelsa Health Westmoreland Hospital, which delivers about 1,800 babies a year, addicted infants typically fill two of the six beds in the special care nursery, nurse practitioner Kathy Eisensmith said.

"We have had times when every baby in that unit has been in drug withdrawal," she said.

Nearly 30 percent of the babies delivered at Unifont Hospital in one year were addicted, said nurse Lea Walls, director of Family Beginnings Birthing Center. Their mothers used opiate street drugs — heroin, morphine, oxycodone — or prescription pain medication while pregnant, she said.

Nationally, the number nearly tripled between 2000 and 2009, from about 1,000 hospital births, according to the Journal of the American Medical Association. Sixty to 80 percent develop Neonatal Abstinence Syndrome, a withdrawal condition.

Because newborns in withdrawal need more intensive care and hospital stays of four weeks to several months, medical costs, too, more than tripled, data show. Hospital billings to private insurers or Medicaid rose from \$190 million in 2000 to \$720 million in 2009, when the average was \$53,400 per baby. Medicaid paid for 77 percent of those deliveries, including Ehredt's son.

In Pennsylvania, the number of addicted births covered by Medicaid rose from 883 in 2010 to 1,122 in 2012, according to the Department of Public Welfare. In 2012, Medicaid paid \$17.3 million — an average of \$15,449 per birth — compared to \$15.1 million in 2010.

The actual hospital billings were higher, according to welfare department spokeswoman Kait Gillis.

## PRENATAL SAFEGUARDS

The long-term effects of prenatal exposure to drugs aren't certain.

Both drug and alcohol exposure raise the risk of infant death, developmental delay, poor school performance and learning disabilities, West Penn tells parents.

Although fetal addiction has little impact on motor skills, the risk is higher for behavioral disorders such as aggression and attention deficit hyperactivity disorder, said Dr. Harolyn Belcher, family center director of research at Kennedy Krieger Institute in Baltimore, a children's research hospital.

Addicted newborns require close monitoring as they are weaned from drugs, often through morphine. While the ratio of nursery care for healthy babies is six per nurse, the highest ratio in the special care unit is three per nurse, Eisensmith said.

Many pregnant women enroll in drug rehab programs, typically taking methadone or subutex. But those drugs, too, can cause fetal addiction.

"The majority of women we see here are already on methadone. We have a very large clinic for women on methadone or who want to convert," said Dr. Barbara Cohan, director of the neonatal follow-up clinic at Magee-Womens Hospital, where the number of addicted babies treated rose from 67 in 2005 to about 250 in 2012.

Some of the mothers are Westmoreland County jail inmates. In 2013, 32 inmates tested positive for pregnancy; 13 were sent to Magee to start drug withdrawal treatment, said Warden John Walton.

"Most of it is heroin (use)," he said.

Westmoreland County Common Pleas Judge Rita Hathaway has jailed pregnant defendants who continue to use drugs, even while they are on parole or probation.

"At least I know I can keep them clean until delivery if they are incarcerated," she said.

Allegheny County Jail records, available only from August through December of 2013, show 22 inmates tested positive for pregnancy. Women in withdrawal are sent to Magee for methadone treatment; those already in rehab receive follow-up care at an Oakland treatment center.

Officials estimate a 50-50 mix of heroin and prescription drug use.

Attorney Tom Plaitano operates methadone clinics in Greensburg and Blairsville, Indiana County.

"Five years ago, if we had three to five patients who were pregnant, that was a lot. Today, 15 to 30 is the norm," he said. "They are your neighbors, family members, coworkers and college students."

## BABIES CAN THRIVE

Dr. Neil Capretto, medical director at Gateway Rehabilitation Center in Beaver County, said taking methadone under a doctor's supervision is better for pregnant women and their babies than turning to prostitution or crime to buy street drugs. They also can learn about social service resources.

"For some of these women, pregnancy is a blessing in disguise," Capretto said.

Walls has crafted a \$10,000 grant proposal for a pre-admission program to counsel and support pregnant women enrolled in drug rehab programs.

"We (hospital staff) are only a 'blink' in their life, but anything we can do for best outcomes is our goal," she said.

Ehredt, a single mother, moved to Allegheny County to enter a life skills residential program through Sojourner House and said she has been drug-free for a year.

While she is critical of methadone, "it helped me deliver healthy babies," she said. "Fortunately, my kids didn't go into horrible withdrawal or have to be in the (neonatal intensive care unit).

Doctors told Ehredt her pregnancy prevented a cold turkey withdrawal from drugs.

"My guilt I feel is more in the fact that I abused it (methadone). I didn't let my baby know it wasn't ready," she said.

West Penn pediatrician and neonatologist Dr. Robert Cicco said a baby born drug-addicted can thrive in an environment with caring parents.

([HTTP://TRIBLIVE.COM/HOME/](http://triblive.com/home/))

"A woman who is untreated (not in rehab) with a dependency on opiates has a difficult time fulfilling that (caring) role," Cicco said. "The message is to never become dependent, period."

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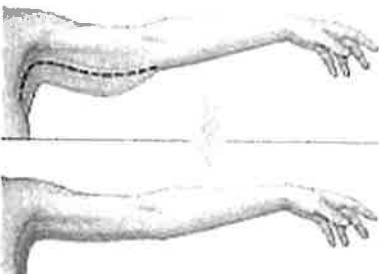
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The majority of these women first became addicted to prescription pain medication, before using Heroin. They either over used them for legitimate pain issues or were given them by a friend or family member. While there is definitely the obligation of personal responsibility for actions in one's life, the medical community and pharmaceutical industry certainly has some responsibility. This is a vitally important article to warn people of how far reaching our opiate problem has become. It is overloading our legal, medical and Medicaid systems. One comment on the article, an Infant is not born "addicted." Addiction is a condition that includes both physical and psychological dependency on drugs, alcohol, harmful behavior, even food. A child born to a mother using opiates is born with symptoms of opiate withdrawal, They are not opiate "addicts."

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Joe Lucas · Owner at South Side Custom Painting PA 091385

Four children with a wonderful future, please do not have any more!

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Valhalla Place

Infants are not born addicted however they MAY be born with a physical dependence to a drug. Addiction, by definition, has a behavioral component such as drug seeking, preoccupation and continued use despite problems in daily functioning. None of these descriptors applies to an Infant. Methadone is an approved medication during pregnancy and there is no evidence to support claims that infants born to methadone maintained mothers have a higher rate of behavioral health issues than what's expected in the "general" population. The use of socially stigmatized terms such as addiction, especially when talking about infants, only fuels angst and misconceptions about addiction. This is nothing more than sensationalized reporting that incorrectly applies labels and further isolates a marginalized population increasing the likelihood that they will not seek help.

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Christina Upole

After adopting 3 newborns that were born with drugs in their systems and fostering many many more, I feel these babies are at a higher risk for behavioral issues than the general population. I agree there isn't very many studies on the subject (which I think they need to get their butts busy doing) the fact is if you talk to any adoptive parent of a baby born under these conditions they will have a list of behaviors and disabilities these kids suffer.

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*November 2, 2017. Pittsburgh Action News*

Action News Investigates has learned the surge in overdose cases is hurting ambulance response times and causing delays at some hospital emergency rooms.

When paramedics responded to an overdose in Uniontown, they revived the victim, using IV fluids and naloxone. She admitted snorting oxycontin.

While medics were treating her, another call came in -- a 79-year-old female with chest pains and difficulty breathing.

But that call had to go to another ambulance.

Fayette EMS said that's usually not a problem, but it can be.

"We're getting to those calls. The trouble is, we're delayed getting to those calls, and those delays in minutes sometimes may cost someone's life," said Fayette EMS Chief Richard Adobato.

In 2016, Fayette EMS responded to 1,095 overdose calls, about three per day.

Response time is also a concern in Pittsburgh.

"Response time is problematic because needless to say, if you are responding to a drug overdose you have potentially police, fire and EMS there," said city Public Safety director Wendell Hissrich.

In Fayette County, the problem became clear one day last year when two simultaneous overdose calls tied up multiple ambulances.

When someone in Connellsville having difficulty breathing called 911, the closest ambulance was in Uniontown -- 15 miles away.

It took medics 18 minutes to respond.

Paramedic Paul Newell said that is "way over our typical response time.

Fortunately, the patient survived. But Newell said he was concerned the patient might die.

"Until we get there we have no idea what we're walking into," he said.

Frequently overdose victims come to the hospital where a doctor sees them right away. But sometimes that means other patients have to wait, and that is a major concern for doctors.

"It's really frustrating," said Dr. Surabhi Gaur, emergency medical director at Uniontown Hospital.

"Is there somebody with a heart attack waiting to happen? Is there an appendicitis sitting out in the waiting room? That's always my concern. But we definitely feel hampered because what can you do? You can't ignore the 25-year-old that's blue from a heroin overdose either," she said.

Hospital and EMS officials said the opioid crisis is hitting them -- and taxpayers -- in the pocketbook. For example, about half of all overdose patients refuse to go to the hospital. But EMS cannot bill insurance if patients refuse transport. That cost Fayette EMS nearly \$200,000 last year.

Sponsored Content



***Herald Standard     June 5, 2017***

*The following is part of a monthly series probing the financial and emotional costs of overdose deaths. We welcome reader feedback as we continue to probe this difficult subject.*

Growing up, Jenna Puckey and her two brothers were extremely close to their grandparents. They lived just a few streets away from her Belle Vernon home.

"My kids were always there," Tami Puckey recalled.

But in 2006, their grandparents died in a house fire. Jenna was 15 and completely devastated.

Tami simultaneously had to deal with the sudden loss of her parents and the grieving of her children, who were homeschooled that year as they coped with their grandparents' death.

"Jenna had a little bit of a harder time," Tami said.

Diagnosed with post-traumatic stress disorder after her grandparents' death, Jenna was homeschooled an additional year.

Later, Jenna would admit to Tami that the day of her grandfather's funeral was the first time she took a pill — a Percocet.

"And from there, it just spiraled," Tami said.

Jenna's parents didn't realize she was using for another two years.

"I would have never in a million years thought that any of my kids would have done this ever," Tami said. "And by the time you realize, it's a full-fledged addiction."

Jenna eventually dropped out of high school and in 2010 had a child of her own, testing positive for drugs when she delivered her daughter at Magee-Women's Hospital of UPMC.

In 2012, Tami and her husband, Bill, took physical custody of their granddaughter as Jenna and, according to Tami, her child's absent father battled addiction, although they had raised their granddaughter from birth.

On April 23, 2013, Jenna died of a fatal overdose. Her parents had held out hope that one day she would achieve recovery and take back custody of her daughter, something that Jenna herself wanted too.

Instead, Jenna left behind a \$20,000 burial expense and no life insurance plus the permanent everyday expense of raising a child, even if her parents don't think about their responsibility as their granddaughter's guardians in terms of dollars and cents.

Tami is a stay-at-home mom while Bill works in maintenance at U.S. Steel. Tami worries about what it would mean for her 7-year-old granddaughter if something happened to Bill. Tami's sister became a widow at 44 in April, so she's aware that life could change in an instant for her granddaughter and that adoption may be their best option in the future.

"But there's a huge part of me that, I just can't do (adoption), you know?" Tami says quietly. "I can't wipe away the fact that my daughter was her mother."

So Tami does cleaning jobs here and there to help support her granddaughter.

Tami's friend Erica Kindred, who lost her daughter, Nicole Johnston, to a fatal drug overdose on March 3, 2014, does the same.

Johnston died in a three-quarters house, leaving behind two children, 6-year-old Sophia and 4-year-old Joseph, whose father Kindred said also lost a battle with addiction in 2012 and left behind Social Security death benefits for her grandchildren.

Kindred, 45, was raised by her grandparents and became an opioid addict in her mid-20s after her sister gave her some pain pills for a toothache. She got clean in 2005 but still fought an all-consuming desire to get high until she became a born-again Christian in 2007.

Nicole was raised by Kindred's grandparents, one of whom, 93-year-old Charles Zaken, still helps Kindred raise his great-great-grandchildren in their Lowber home, chasing them around the house and having fun while Kindred plays the role of disciplinarian.

"Sometimes I believe that's what really keeps him going," Kindred said.

Kindred chokes up when she recalls the Biblical accounts of Job and David losing their children and credits her being "OK" today to her faith that she will see Jenna again, since Jenna had promised to give her life to Jesus before she died.

"I want to give them love that they need," Kindred says. "I want to give them everything emotionally, physically and spiritually that they need and not just go through the motions."

That includes being frugal.

When Kindred takes her grandkids to the pool, she'll pack a lunch instead of buying the food there. She covered the \$135 tuition cost for Sophia to attend Church Christian Academy in Sutersville this past year and puts enough money aside to take her grandchildren to Ocean City every year.

"I can make a little bit of money go a very long way," Kindred said.

The financial cost of fatal drug overdoses, from final expenses to guardianship responsibilities, has been devastating for local families when such overdoses leave behind children to raise, forcing area school districts to adjust how they address the needs of students whose lives have been uprooted due to a loved one's addiction.

"We can support her on our own," Puckey, 47, said of her granddaughter, who she declined to name publicly out of fear that she'd be stigmatized by classmates at school because of how her mother died. "But what about people that can't?"

### **The cost of kinship**

Milene Brennan, aging care management supervisor for Westmoreland County Area Agency on Aging's caregiver support program, said that a majority of the parents in the seven families participating in that program do not have custody of their children due to drug-related involvement or incarceration.

"It's still mind-boggling that it's (only) seven," Brennan said, guessing that some families wait until it's too late to get help or may not know about the program.

Brennan said those who do contact the agency for support have financial assistance in mind, noting that they often are dealing with behavioral problems among their grandchildren and may also be thrust into a guardian role despite having a fixed income.

The agency provides up to \$300 a month to grandparents aged 55 or older to cover counseling, recreation or other services for their grandchildren.

Parental substance abuse is the most common reason why children enter agency custody within the Children's Bureau, according to Assistant Director Jason Slonceski, although Slonceski said that that reason has dropped 35 percent over the past three years, which he attributed to an increase in bureau services for families in that situation.

Slonceski said that the bureau tries to place children in homes of relatives whenever possible to minimize the child's trauma. Slonceski added that of those children whose custody is reassigned, around 40 percent are placed in kinship homes as opposed to the other approximately 60 percent of children that receive traditional foster care or are placed in group homes or residential treatment facilities.

"(You can) call up grandma and ask her if she can help," Brennan said. "She may say yes, but she needs somebody to take care of her too."

Grandparents provide the most common kinship homes for children whose custodial situation changes, Slonceski said.

Westmoreland County Children's Bureau provides \$25 a day for both kinship and traditional foster caregivers to cover basic needs such as food and clothing but also what Slonceski noted were expenses that may come up in the aftermath of parental drug abuse, such as transportation to hearings, counseling and case planning.

Stephanie McHugh, guidance counselor at Belle Vernon Area High School, has also noticed a trend of grandparents raising grandchildren, presenting a new set of challenges.

"So sometimes it's walking these folks through guardianship paperwork, and depending on their age, and depending on the resources that they have, that can be a quagmire for some," McHugh said of grandparents and other family members who take over when a biological parent cannot take care of their child anymore due to drug issues. "So as a counselor, you don't just counsel kids. You counsel families too."

Providing that counseling and additional drug-related programming has resulted in only minimal financial costs for local school districts themselves, several district officials said.

Instead, area school districts are negotiating partnerships with agencies that can help increase counseling and find creative ways to provide educational possibilities for

students. That includes Belle Vernon Area's contracts with Southwestern Pennsylvania Human Services and the Counseling House for school-based counseling as well as Yough's use of community donations to fund some drug education programs.

### **'A wing and a prayer'**

Tami Puckey has noticed that everything costs more now that she's raising her grandchild than when she was raising her children two decades ago.

"Everything," Puckey laments. "Even just to go to the movies."

When she was still working, Puckey paid \$90 a week for part-time daycare for her granddaughter, which she equates with a car payment.

"By the time you go out and get a job to try and keep the house going and you have kids that you have to pay for daycare, it's insane," Puckey says.

Technology has advanced rapidly since the 1990s too, and her granddaughter bought an iPhone with approximately \$400 she had saved from birthday and Christmas money. But she's never been on a vacation, and Tami thinks that, luckily, she and her husband are raising her by default to live simply.

"If it weren't for grandparents or relatives taking these children, I don't know where they would be right now," Puckey says, a Frozen-themed table and chair sitting in the corner of the living room across from her. "Most of these addicts with kids when this happens, they're not financially stable. There's nothing for the children out there. So if something should happen and they do pass away, it's a wing and a prayer."

## ***Destructive impact: Emotional, financial toll of fatal drug overdoses felt in Fayette schools***

***By Eric Morris [emorris@heraldstandard.com](mailto:emorris@heraldstandard.com) Jun 4, 2017***

Torrie Winseck, Connellsville Area School District guidance counselor, has experienced a recent rise in the need for counseling students through the traumatic event of losing a parent to drug addiction.

Jennifer Assad, nurse at Brownsville Area Middle-High School (foreground), and Brownsville Area High School guidance counselor William Rouse discuss how assist students in coping with grief in the event of losing a loved one to drug addiction or other causes.

Tami Puckey in her Belle Vernon home, where she has lived for 16 years. Her daughter Jenna died of a drug overdose in 2013. Tami, who says "I don't even take Tylenol," added that Jenna started taking pills to cope with her post-traumatic stress disorder after losing both her maternal grandparents in a house fire in 2006.

Torrie Winseck, guidance counselor at South Side and West Crawford elementary schools in the Connellsville Area School District, has experienced a recent rise in the need for counseling students through the traumatic event of losing a parent to drug addiction.

The following is part of a monthly series probing the financial and emotional costs of overdose deaths. We welcome reader feedback as we continue to probe this difficult subject.

In her first 12 years at Connellsville Area School District, Torrie Winseck recalls counseling two students through the traumatic experience of losing a parent to drug addiction.

In the last four months, that total doubled.

While the sample size is small, Winseck's experience is emblematic of an issue that continues to grow in communities in Fayette County.

As the opioid epidemic shows few signs of slowing and fatal overdoses continue to rise, school districts are left to face the destructive impact.

"It's becoming more frequent," said Winseck, who splits her time between South Side and West Crawford elementary schools and bears the responsibility of providing support for students who suffer the loss of a loved one.

This year has been busier than usual for the guidance counselor. In April, it was a second-grade student whose father died from a drug overdose. Two months prior, the parent of a Connellsville Area first-grader was slain in a drug deal gone awry, in what Winseck calls another tragic drug-related death.

These deaths, and similar ones that have occurred throughout the county over the past several years, leave a lasting impact on not only the surviving family members, but also the school communities that help provide emotional support in the aftermath.

Tami Puckey of Belle Vernon understands that impact.

Tami's daughter Jenna Puckey died of an overdose at in 2013 at age 22. Jenna's daughter was 3 at the time, and still doesn't know how her mom died. Tami and her husband had been granted physical custody of their granddaughter in 2012, but have always been the girl's primary caregivers due to Jenna's addiction to pills, and eventually heroin.

"I think that the hardest thing for them is, and I've already heard it, (is) when someone says to her, where's your mom?" Puckey said. "And she'll look at me with these big brown eyes and doesn't know what to say."

### **A growing concern**

Winseck is usually one of first people notified in the event of a death in the school community. She attends the memorial service. She meets the student at the classroom on their first day back. It's important, she says, to show support for the child and the family during the days following a death.

"A lot of our students are being raised by grandparents due to the opioid epidemic," said Winseck, one of four counselors serving eight elementary schools in Connellsville Area. "You never know day to day what's going to happen. For a little one to try to process what has happened, that can be difficult."

She hopes that next school year, providing support to grieving students will become easier when the district partners with the Highmark Caring Place — a program that provides grief counseling for families, and a partnership that has arisen out of necessity due to what Winseck calls "a growing problem."

While the opioid epidemic hasn't hit the heights recorded in neighboring Washington and Westmoreland counties, it remains rampant in Fayette County.



In 2012, Fayette County was the location of 14 deaths attributed to drug overdose. That number has risen each year, more than quadrupling to 60 deaths last year, according to online database OverdoseFreePA, which collects data from coroner's offices throughout the state.

In the first four months of 2017, another 21 people from around the county have succumbed to opioid addiction.

In total, there have been 199 fatal overdoses in just more than five years. They occurred mostly in and around Uniontown and Connellsville. The majority of the victims were age 35 or older.

When tragedy occurs with such frequency, Brenda Caromano admits that consoling can be tiring, even for a counselor. In 12 years at Uniontown Area High School, she has experienced her share of overdose deaths among students' relatives — usually at least one per school year.

"It's very challenging," said Caromano. "In the more extreme cases where the students are directly affected (by an unexpected death), it does become draining."

### **Helping to heal**

Four to five times throughout the year, on average, Bill Rouse helps students cope with death, usually the tragic result of car accident.

Rarely is it overdose and never, during his 12-year tenure at Brownsville Area Middle-High School, has a student suffered a fatal overdose. But due to the availability of opioids, he feels it coming.

"It hasn't happened yet, but it will," said the guidance counselor.

Rouse and nurse Jennifer Assad comprise half of the team at the Brownsville secondary school that provides a lifeline to students coping with the death of a loved one.

They support students with grief counseling to help them understand "the why and the how," walking them through the basic stages of grief and providing encouragement.

"They want to process the death and try to understand it better. I counsel them through it and help them make sense of it," said Rouse, one of three guidance counselors in the district.

But sometimes a student may need to a little extra attention that can't be provided in the school, instead being referred to someone who specializes in a certain area, like a child trauma specialist, Rouse said.

Assad explained that schools often provide additional support through the state-mandated Student Assistance Program (SAP), in which staffers identify problems such as home drug abuse and may refer students when appropriate to additional counseling agencies for further assessment.

School districts typically network with counseling agencies in the community to bring in more counselors in the case of a tragedy. They also promote inter-district collaboration, sharing resources and counselors if a crisis warrants additional assistance.

A parent dying means a child could be left homeless, causing the guidance team to step in and help gather resources and provide basic necessities and lodging.

For Caromano, the overdose death of a loved one isn't always obvious, especially if a student isn't ready to openly discuss the event.

Instead, she and her team have to look for other signs of trauma.

"We absolutely see the grief," she said. "But we also see the secondary things: the absenteeism, the poor academic performance.

"Some people keep it pretty quiet. It can be a challenge because you don't exactly know what the root of the problem is, but we still find general ways to help to give them some positive in their life," said Caromano. "We can still support the student even though we don't know the 'why.'"

While disengagement is typical following such a traumatic event, students also can show signs of disruptive behavior.

This year, Winseck encountered what she considers an “extreme” case, one that saw a student so distraught over a death that functioning in a regular classroom became impossible, facilitating a move to an emotional support classroom.

“Sometimes they have a hard time dealing with all the emotions, and it comes out as a behavioral problem in the classroom, and the child needs more intensive help,” said Winseck. “To see those students go from happy and sweet to brooding and not wanting to talk to people throughout the grieving process is just astounding.”

Winseck said students often open up when they realize there is someone at school who will listen.

“The majority of students are open to talk, and they seem happy for someone to want to talk with them. I think sometimes they get lost in the commotion at home, as the adults at home are consumed with their own grief and there are a lot of voices. Having someone at school for the child to talk to without everyone talking around them is important.”

### **Keeping up with costs**

At Connellsville Area, Superintendent Phil Martell said the opioid epidemic has no prejudices.

“It transcends wealth to poverty,” he said, “across every income level in school district.”

In an effort to stem the tide, the district found funds in its budget to provide educational programs that will save lives. But fighting the crisis comes at a cost.

Martell estimates that the district has used \$20,000 to \$30,000 of its own funds — as well as \$15,000 in grant money — over the last two years to fight the opioid epidemic through preventative programs.

“We’re being proactive to introduce these types of measures so (students) don’t go down this path,” said Martell. “School districts have to do due diligence and set aside funds and find money in budget for it,” despite resources in a school district not being readily abundant.

Officials at smaller districts, like Frazier and Brownsville, that have taken less of a hit during the epidemic, report that costs are very minimal. “We do rather well at relatively no cost,” said Brownsville Superintendent Dr. Phil Savini, noting that the district works with local agencies like the Intermediate Unit, the Fayette County Drug and Alcohol Commission or Fayette County Children & Youth Services for external grief counseling.

Laurel Highlands Superintendent Dr. Jesse Wallace said the district has used grant money from the state over the last two or three years to partner with community organizations for several types of services associated with battling the epidemic: educational programs and resources, counseling, professional development.

“Our counselors are touching on it weekly — almost daily — in the middle school and high school, about family members using (opioids) and how to deal with it,” said Wallace.

While schools scrape for the resources to educate students about drugs, some students will learn about the topic in other, more personal ways.

Puckey knows her granddaughter will start to get curious soon about why her mother died. Telling her why will be the start of her drug education.

Above all else, Puckey hopes school won’t be a place that haunts her granddaughter with the stigma of addiction and how it took her mother away – and that drug education and prevention is her takeaway there instead.

“If we can stop it with those kids, maybe it will end,” Puckey said. “Maybe there will be a light at the end of the tunnel.”

Herald-Standard reporter Mike Tony contributed to this report.

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