Fayette County Drug & Alcohol Commission reflects on trends, initiatives amid opioid crisis

By Mike Tony mtony@heraldstandard.com   Sep 2, 2018

Fayette County Drug & Alcohol Commission Executive Director Jana Kyle said that local courts have embraced viewing addiction as a disease and valuing treatment accordingly.

The Fayette County Drug & Alcohol Commission has seen a 9 percent increase in clients, serving 1,436 people during the 2016-17 fiscal year. Officials say that’s a clear indication that more locals who need help are getting it.
“We always say the hardest part of getting here is walking through our door,” said Brian Reese, a treatment supervisor at the commission. “Because of that stigma (of addiction), all the guilt and shame, it’s very difficult for a person to come in. But once they’re here, that’s a great thing.”

The treatment unit provided outpatient services to 1,598 people between July 1, 2016 to June 30, 2017, a 27 percent jump from the previous fiscal year.

One likely factor for that is the increase in overall assessments, Assistant Executive Director Melissa Ferris said. Executive Director Jana Kyle noted the reasons for the jump vary and could include greater awareness of addiction as a disease and referrals through the courts.

“(It’s) that whole concept of, we can’t jail our way out of addiction, we can’t sentence people without some kind of rehabilitation,” Kyle said. “The symptom is really their charges. The problem is the addiction.”

While it’s no cure, Vivitrol is a solution the commission increasingly uses to combat the problem.

The report notes a 44 percent increase in Vivitrol injections from the previous year.

The non-addictive treatment that takes away opioid cravings. The commission has been using it for 10 years to guard against the effects of opioid addiction. An injection blocks opioid receptors in the brain for one month.

“It allows a person to live again,” Reese said.

Reese has a small statuette on his desk of Linus, the “Peanuts” comic strip character, with the word “Vivitrol” scribbled in on his trademark blue blanket.

“When he didn’t have it, he freaked out,” Reese said. “That’s addiction.”

Like Linus, clients may need that blue blanket for a period of time, Reese said. Vivitrol is that security blanket for them.

Vivitrol is now being offered to qualifying Fayette County Prison inmates being released in a two- to three-month time frame, thanks to a grant from the Pennsylvania Commission on Crime and Delinquency.
“Because when someone leaves the jail and they haven’t used, they’re at higher risk for relapse and overdose,” Ferris noted.

Level-of-care assessments for inmate outpatient treatment began in February and counseling began in March, Ferris said. Inmates meeting program and level-of-care requirements get an injection the week before their release and have an appointment set up to continue their care.

The commission had conducted assessments for inmates for several years, referring them when necessary to an inpatient provider where they could get Vivitrol, Ferris said. She sees the recent expansion to the prison’s outpatient contingent as another way to provide treatment to inmates before they’re released.

“So when they’re ready for re-entry back into society, there’s a higher chance of success,” Kyle said. “They’re not going to then return back to jail because of recidivism.”

Reese said word of mouth about Vivitrol is circulating within the prison’s inmate population.

“The same counselor that saw them in the jail is now going to see them out here,” Reese said. “So that rapport already developed.”

Inmates released back into society who continue treatment have the commission’s case management team to help with ancillary services, such as finding housing or transportation, and job hunting.

The commission had 846 court referrals last fiscal year as opposed to 379 self-referrals.

But officials observed that those referred from the courts can and do find the internal motivation to kick their addiction about as often as those who refer themselves, adding that judges have embraced that people with addiction need help and not just incarceration.

“Addiction is so individualized,” Kyle said.

“We’ve even had probation officers say, would Vivitrol or Suboxone help this person?” Reese said. “Because they’re not so quick to just want to lock them up either.”
From fiscal years 2012-13 to 2016-17, those who reported alcohol as their primary drug of choice decreased from 43 to 35 percent, while those reporting other non-heroin opiates or synthetics increased from 22 to 29 percent.

Officials noted that many clients use multiple substances, sometimes at once, and usage levels can fluctuate in accordance with access to other drugs.


Kyle did note that alcohol remains the most frequent drug of choice as a sole drug among clients.

The annual report states 371 sixth- and seventh-graders countywide participated in the 18-lesson Botvin LifeSkills program designed to prevent adolescent tobacco, alcohol and marijuana use. Other prevention programs include staff members addressing foster parents about prescription drug abuse and various awareness campaigns.

Erica Usher, commission prevention supervisor, touted the importance of evidence-based prevention programming and said when the commission had a much larger staff, it did a majority of prevention programming in schools.

“Now our focus is more on, let us be the experts on how it should be delivered and what programs are good and using data to drive decision-making, and then we can help teachers and other partners, maybe it’s a guidance counselor, so that they deliver that programming under our guidance,” Usher said.

Looking ahead, officials know they’ll have to continue to evolve as the landscape of addiction changes.

Reese recalled when he got into the treatment field 24 years ago, “The only thing you really did to help an opiate addict was tell them to go to a meeting.”

“We have to change with the development of new medications and new therapies,” Reese said.