

**The Opioid Epidemic in Rural America: How Current Punitive Policies Generate a
Renewed War on Drugs in the Countryside**

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Abstract

This research investigation focuses on the proliferation of the opioid epidemic in rural America. In an in-depth case study on one of the hardest hit rural counties in southwestern Pennsylvania, Fayette County will be used as a central proxy for understanding how such an elaborate crisis developed and continues to evolve over time. In particular, a discussion will be made about the public policy approaches of the county's leaders, who play a central role in addressing the drug crisis. Their punitive policy endorsements will be dissected alongside Fayette County's chronic poverty and poor economic performance. More broadly, Fayette County leaders' response approaches to the widespread crisis speak to a much larger context on criminal justice policy and the rise of punitive penal law throughout the most rural regions in the nation. Fayette County stands not only at the epicenter of a rural drug crisis, but a punitive punishment over treatment crisis taking shape across many rural counties in Pennsylvania.

Chapter 1: Introduction

On January 10th, 2018, Governor Tom Wolf officially declared the opioid epidemic a statewide disaster emergency in Pennsylvania.¹ Just one year prior, Pennsylvania had the fourth highest rate of fatal drug overdoses in the nation.² In Philadelphia, Mayor Jim Kenney followed suit and signed an executive order declaring the epidemic a public health emergency.³ In September 2019, Philadelphia was also the first city in the country to authorize the development of a supervised safe-injection site. After a two-year legal battle, Safehouse, a local nonprofit based in the city, is now slated to open the nation's first site in March.⁴ Philadelphia's local government has additionally spearheaded multi-departmental efforts towards drug rehabilitation. With an emphasis placed on treatment over punishment, leaders like Mayor Kenney and Governor Wolf are at the epicenter of a widespread drug crisis. But the opioid epidemic not only takes its toll on Philadelphia neighborhoods like Kensington, often dubbed as "ground zero" for high rates of opioid addiction and overdose, but across many cities throughout the nation.⁵

Philadelphia's drug crisis and the concurrent responses from public officials and local advocates reinforce the broader public health intervention taking shape across many metropolitan areas throughout the nation, including cities like Boston, New York and Washington, D.C.⁶ Though local leaders in Philadelphia have engaged in concerted efforts to end the drug crisis in one of Pennsylvania's major urban areas, little attention has been devoted to understanding how the opioid epidemic impacts other regions in the rest of the state. Pennsylvania's high rates of opioid-induced deaths not only derive from death tolls in urban areas like Philadelphia, but also heavily stem from cycles of abuse taking shape in Pennsylvania's rural counties.

Limited discourse on the impact of the opioid crisis in rural Pennsylvania also comes with little discussion on how leaders statewide are responding to the epidemic. And in

southwestern Pennsylvania, where numerous rural counties experience disproportionately higher rates of overdose each year, the opioid epidemic is a rather dynamic drug crisis that does not just solely impact the urban center.⁷ One rural area in the southwestern region that pushes the politics of the epidemic past an urban-centered narrative is Fayette, an impoverished, rural, and predominantly White county that had the highest rate of drug overdose for its population size in 2011.⁸ As one of the poorest counties in Pennsylvania, Fayette's unprecedented drug crisis offers a more nuanced look into the role that public officials and local advocates play in mitigating widespread drug abuse and addiction.⁹

Philadelphia has become the "face" of a more robust harm reductionist vision and public health campaign, which have been popularized by medical professionals and politicians statewide.¹⁰ However, Fayette County's drug crisis complicates this mainstream precedent established in the urban center. This can be seen just by examining the policy leanings and political interventions made by the county's republican representatives, conservative commissioners, and democratic district attorney, all of whom have joined forces to aggressively tackle the county's burgeoning drug epidemic. Exploring the full contours of Pennsylvania's drug crisis requires an examination into the legislative and penal decisions central to rural counties in the state, not just in urban areas like Philadelphia. In spite of Fayette County leaders' rhetorical commitments to harm reduction, their public policy approaches in response to the opioid epidemic are generating a perversely punitive reality on the ground. In sharp contrast to their public health rhetoric, it is through their support for punitive drug laws, their collective push for jail expansion, and the county's limited capacity for harm reduction that Fayette's conservative legislators, commissioners, and district attorney are creating for a punitive response to the opioid epidemic. Thus, though Fayette's local leaders stress the need for a "public health"

intervention against the county's drug crisis, their policy approaches are in fact practically punitive.

The degree to which Fayette's state representatives, commissioners, and district attorney actually commit to and execute harm reduction deserves critical attention and inquiry. Understanding Fayette County leaders' punitive response to its current drug crisis can be situated within existing literature on race and criminal justice, especially as it applies to the policy leanings and decisions made by the county's key stakeholders. Fayette County's punitive reality and its perpetuation by local leaders leaves room for stiffer drug penalties and limited harm reduction investment in response to the opioid epidemic. As discussed by numerous scholars like Michelle Alexander, Marie Gottschalk, Michael Fortner, and James Foreman, these punitive trends are not unique to the nation's current drug epidemic, and essential parallels can be drawn between the current political moment and the 1970s War on Drugs.¹¹ But beyond exploring drug criminalization in the urban center, the literature suggests that mass incarceration and the kind of punitiveness detected among Fayette County leaders is actually prevalent throughout rural America. Though Fayette County's drug crisis may appear as an anomaly, the punitive response approaches waged by local leaders are all part of an existing trend taking place throughout rural counties, where punitive criminal justice policy is now at the helm of a modern-day drug crisis intervention.

The gap that exists between Fayette County leaders' rhetorical commitments to a harm reductionist vision versus their practically punitive response to opioid addiction on the ground deviates from the public health responses commonplace in cities like Philadelphia. Fayette leaders' emphasis on punitive legislation and prison expansion versus Philadelphia leaders' emphasis on drug rehabilitation complicates conventional understandings on mass incarceration

and punitive policy being concentrated in the urban center. Comparing public policy approaches in Fayette, a rural, poor and predominantly White county to Philadelphia, an urban county with a predominantly Black and Latinx population challenges the notion that drug rehabilitation is a shared mission for all Pennsylvania lawmakers. In actuality, Fayette County leaders in part demonstrate how public response to opioid addiction is in fact much more variegated. These particular caveats suggest an underlying emphasis on punishment over treatment, where punitive drug sentencing, limited public welfare investment, and rural jail growth create for a modern carceral regime in Fayette County. Pennsylvania's southwestern region provides a crucial lens into how rural lawmakers and leaders throughout the Appalachia grapple with the opioid epidemic, given that residents face higher overdose mortality rates than the rest of the country.¹² Fayette County is fixed at the epicenter of this prevailing reality, with the opioid crisis overburdening its under-resourced government and poor economy.¹³

This said crisis is also one where punitive legislation meets opioid addiction in ways that are commonly decentered from urban-centered discourse on race, criminal justice, and even mass incarceration. How might a renewed war on drugs be waged in the rural countryside? Exploring the legislative, rehabilitative, economic, and penal decisions of Fayette County leaders provides a more nuanced investigation into not only the impact of the opioid epidemic, but in how these touchpoints converge to create for a much more punitive response to the drug crisis relative to urban counties like Philadelphia. In a county where public officials and lawmakers struggle to provide large-scale harm reduction in response to a burgeoning substance abuse crisis, Fayette's opioid epidemic is a story not just centered on drug addiction, but on the politics of punitive drug policy. At the same time, probing deeper into the role that Fayette's local leaders play in

mitigating the crisis additionally underscores the various measures of punitiveness present in a modern-day drug war against the opioid epidemic in the county.

Breaking down the metrics of Fayette's punitive response to the opioid epidemic center on the political decisions of county leaders. As the following sections will show, these measures of punitiveness speak to the inconsistency in political rhetoric and practice among Fayette county state representatives, commissioners, and the district attorney. Fayette leaders' push for the county's long-term prison expansion principally speaks to the practically punitive reality taking place on the ground. Their push to develop a larger facility that would replace the county's overcrowded and understaffed jail helps advance Fayette's punitive carceral regime, all while deprioritizing harm reduction expansion for those battling opioid addiction. Rural counties currently lead the way in the progressive growth of inmate populations throughout the nation, with an uptick in pre-trial detention rates accounting for the widespread increase since the 1970s.¹⁴ Jail incarceration rates rapidly increased during the early 2000s, with small rural counties driving the overwhelming growth of jail and prison expansion.¹⁵ Fayette County's jail expansion and population growth occur alongside the General Assembly's drafting of punitive legislation that could in fact renew a much more stringent response to drug crimes among both users and "sellers." Many of these "sellers" are individuals also battling drug addiction who end up being reclassified as high-level drug dealers in the eyes of Pennsylvania law.¹⁶

In terms of these more punitive laws, Fayette legislators' policy endorsements to reinstate Pennsylvania's mandatory minimums and its status quo probationary system additionally emphasize punishment over treatment.¹⁷ In line with local legislators' conservative policy leanings, the district attorney's endorsement of Pennsylvania's drug-induced homicide charge, alongside the punitive response to pregnant mothers battling opioid addiction function to

develop a hyper-vigilant carceral state in Fayette.¹⁸ Though harm reduction efforts are occurring in Fayette, its capacity and feasibility are both shortsighted by the county's poor economic performance and limited funding. The role that state representatives, commissioners, and the district attorney play in renewing harsher penalties against drug users, alongside prison expansion are what effectively undermine response approaches among harm reduction advocates in the county.

Methods: Why Fayette County?

Fayette is at the heart of a rural drug crisis that challenges conventional understandings about drug rehabilitation in response to the opioid epidemic. In reality, the “public health approach” to the opioid crisis is not in fact universal in all of Pennsylvania. Exploring both how and why these trends emerge offers a much broader understanding on the role that local leaders play in addressing the epidemic, especially in rural counties where local politicians increasingly criminalize drug addiction.¹⁹ Fayette County is a model for understanding just how stringent drug laws, opioid addiction, and mass incarceration can simultaneously occur amidst a nationally revered public health crisis. Through the synthesis and analysis of telephone interviews with local leaders, legislative voting records, local legislators' policy newsletters, newspaper articles, and jail incarceration data from the Vera Institute, this research will explore just how local leaders in Fayette, a poor and predominantly White rural county, are in fact reinstating a modern day war on drugs in response to the opioid epidemic.

The impact of the opioid epidemic has had clear and debilitating effects on Fayette's residents. Through an economic lens, Fayette's drug crisis offers extensive insight into how local leaders in rural counties often grapple with providing largescale treatment as opposed to punitive drug policy. Fayette County has experienced the brunt of deindustrialization over the course of

the 21st century as a coal mining and manufacturing intensive region.²⁰ With this context considered, the county's high rates of poverty, job shortages, and high unemployment rates combine to exacerbate conditions for residents experiencing opioid addiction, while additionally cultivating a cycle of abuse for those in need of treatment. In the eyes of community leaders, Fayette's economic performance and geography create an "environment" for addiction, which accounts for the high opioid-induced death rates each year.²¹ When paired alongside the policy leanings of Fayette's leaders, these factors tell a much fuller story on what constitutes a "renewed" war on drugs in the rural countryside.

Fayette's opioid crisis offers a deeper view into the widespread impact of substance abuse and addiction in rural Pennsylvania. Pennsylvania had 44.3 deaths per 100,000 residents occurring in 2017 alone.²² This ranks the state alongside West Virginia, Kentucky, and the District of Columbia as four of the hardest hit regions impacted by the drug crisis.²³ Across the nation, opioid related deaths nearly tripled between 1994 and 2014, during a period where pharmaceutical companies heavily flooded the licit drug market with prescription opioids.²⁴ Fayette, a county populated with over 130,000 residents,²⁵ is a rural region that has long-dealt with the ripple effects of substance abuse and fatal overdose since the late 1990s.²⁶ The opioid epidemic's development since then has introduced a second wave of addiction: the abuse of synthetic "street" drugs like heroin and fentanyl.²⁷

Fayette's opioid crisis was borne in part out of the culture and geography of a rural county that has a fairly limited labor market and a heavily "saturated" drug market.²⁸ Assessing these dynamics adds further insight into the practically punitive decisions of the county's key leaders. These elements of Fayette's profile and history encapsulate the many moving parts of the county's drug crisis. By the mid-2000s, the nation's high rates of opioid-induced deaths

crystallized into a burgeoning substance abuse crisis that heavily impacted rural America.²⁹ These high rates of overdose were especially prevalent in Fayette County. Between 2012 and 2017, Fayette County experienced a 433% increase in its number of fatal overdoses.³⁰ Fentanyl and fentanyl-related substances accounted for 84% of these deaths, and prescription opioids were present in 39% of them.³¹ Between 2015 and 2016, the number of overdose deaths in the county continued to rise by 46%.³² In the next two years, this accounted for an average overdose rate of 44 deaths per 100,000 residents between 2016 and 2018.³³ Yet in Pennsylvania as a whole, the percent of drug overdoses increased by only 36% between 2015 and 2018, with an average fatal overdose rate of 36 deaths per 100,000 residents.³⁴

These disparate state-level and county-level trends underscore the magnitude of Fayette's drug crisis relative to the rest of Pennsylvania. It is a drug crisis that is both widespread and rapidly progressing over a short time span, with overdose death rates surging from 30 deaths in 2015 to 57 deaths per 100,000 residents just two years later in 2017 throughout the county.³⁵ And between 2016 and 2018, White residents overwhelmingly accounted for these high rates of overdose, with their abuse of fentanyl surpassing every other racial group in the county.³⁶ Though the opioid crisis does in fact disparately affect Fayette's White residents, this does not necessarily mean that response methods are fully centered on harm reduction. Local leaders' response approaches are in fact much more complex. This can be explained through Fayette's economic performance and limited means to even combat cycles of abuse that plague the county.

Fayette County, like the rest of the Appalachian region has been heavily entrenched in a drug crisis that began when prescription painkillers were first introduced to the consumer market. This includes rural regions in southwestern Pennsylvania, West Virginia, Kentucky, Tennessee, and South Carolina.³⁷ According to the Appalachian Region Commission, overdose mortality

rates for people aged 15-64 are 65% higher in the Appalachia than the rest of the country.³⁸

When OxyContin was first introduced to the pharmaceutical market in 1996, many counties with predominantly White, low-income populations became the locus for a “legitimate” consumer base of synthetic opioids.³⁹ Fayette’s geographical location and predominantly White, low-income consumer base became the most vulnerable to substance abuse and addiction.

Pharmaceutical companies like Purdue Pharma “flooded” the market with synthetic opioids that were highly addictive, jumpstarting the first phase of an epidemic that would only continue to worsen in poor counties like Fayette.⁴⁰ The first wave of the epidemic was heavily concentrated in the Appalachia region, with various drug companies dispensing 76 billion oxycodone and hydrocodone pain pills in states like Pennsylvania, West Virginia, Kentucky, and South Carolina between 2006 and 2012.⁴¹ Fayette’s unemployment and chronic job shortages have been on the rise since then, suggesting a cyclical relationship between drug abuse and economic depravity to some degree.⁴²

As a deindustrialized and coal mining intensive county, Fayette boasts one of the highest rates of poverty in Pennsylvania, at 19.3%.⁴³ This also comes with an 8.2% unemployment rate, which surpassed the 4.9% national average in 2016.⁴⁴ By 2018, the county’s median income declined from \$41,632 in 2016 to an average of \$38,960 in 2018.⁴⁵ As Fayette County enters the modern phase of the epidemic, there is no longer an over-dependency on prescription drugs, but rather synthetic opiates like heroin and fentanyl. Fayette’s labor market conditions and economic performance further exacerbate the gravity of the county’s widespread substance abuse problem, with the economy playing a significant role in both the lives of residents struggling with opioid addiction and among local policymakers looking to address the crisis with limited means. Though these means idealize harm reduction, there is also a converse reality taking shape on the

ground that suggests a more punitive approach to the drug crisis. With these factors considered, Fayette is a central case study into understanding complex response approaches to the opioid epidemic in the poorest regions of rural America.

Chapter Summary

Chapter 2 discusses how Fayette County complicates an urban-centered conception of mass incarceration and criminal justice policy. Fayette County can be used as a model to better understand the complexity of both of these dynamics, especially when tracing the political decisions of county leaders constrained by harm reduction divestment. The relic of punitive criminal justice policy is not a thing of the past and no longer centers just on minorities in urban areas. It is a reality developing in Fayette County, alongside the burgeoning opioid epidemic.

Rather than devising a system of racial control as described by Alexander in *The New Jim Crow*, policymakers in rural counties like Fayette have the capacity to devise a system of structural control that targets even poor, White, and rural residents. In both *Locking Up our Own* and *The Black Silent Majority*, James Forman and Michael Fortner respectively to the intra-racial dynamic between elite leaders and the constituents they represent, where class difference heavily accounts for the figurative distance between local politicians' policy endorsements and the actual needs of constituents.⁴⁶ This leaves room to explore how local politicians and their policy endorsements are in fact curtailing drug rehabilitation efforts in a county like Fayette, where White leaders represent the needs of a predominantly White and low-income constituency.

Surveying the literature on how race and criminal justice drive responses to drug addiction is essential in understanding the political nature of the opioid epidemic. In this section,

it is also important to further situate Fayette County into broader discussion with key authors like John Eason, Marie Gottschalk, James Foreman, Donna Murch, and Michael Fortner to truly assess how public policy approaches in the county complicate universalized ideas on harm reduction. Fayette's punitive response to the opioid epidemic, which is measured in terms of leaders' policy endorsements, prison overcrowding and buildup, and limited harm reduction resources, all combine to create for a more nuanced story on the opioid epidemic. A more in-depth discussion of these key authors will set the groundwork for discussing both how and why Fayette stands out as a county that undermines the public health campaign in response to the opioid epidemic. The existing literature in the context of Fayette's drug crisis also suggests an urban-rural divide in harm reduction versus punitiveness.

Chapter 3 explores how Fayette County leaders have heavily prioritized jail expansion over harm reduction in the wake of the opioid crisis. Insight into Fayette's \$31 jail renovation project will also speak to a much larger trend taking place in rural counties across the nation,⁴⁷ with rural jail growth and expansion adding a new lens to mass incarceration. This lens differs from previous iterations concentrated in urban counties, where incarceration rates and jail usage have declined significantly in the past ten years.

By assessing the growth of Fayette's imprisoned populations since the early 2000s and the Fayette County jail's longstanding overcrowding issue, this section will underscore how county leaders' investment in a larger jail further perpetuates a large-scale prison boom. This "boom" results in the de-prioritization of drug treatment and overall harm reduction, both of which pale in comparison to the funding devoted to expanding Fayette's archaic jail. As it stands, the Fayette County Jail a slew of lawsuits for both its environmental hazards and poor infrastructural conditions. In tying these elements to the context of the opioid epidemic, the

county jail's limited drug treatment and recreational spaces additionally create for a more punitive response to addiction, which can be further exacerbated behind prison walls.

Chapter 4 will first explore the legislative record of Fayette County's state representatives. Their voting patterns show the inconsistency between what legislators say rhetorically versus what they decide politically. The county's legislators, who are equally invested in recuperating the county's economic performance, are frequently cited in news media outlets describing the need for drug rehabilitation and substance abuse counseling. However, their legislative decisions are in direct contrast to this idealistic rhetoric written in print. This is detected via three Pennsylvania laws put forth by the General Assembly: the reinstatement of mandatory minimums, the statewide probation reform bill, and the drug-induced homicide charge.

Mandatory Minimums

Examining the punitive policy endorsements of Fayette County leaders begins by assessing their support for House Bill 741, which if successfully passed would have reinstated Pennsylvania's mandatory minimum sentencing. These rather punitive laws received unanimous support among Fayette County's republican representatives. Fayette County leaders demonstrate a renewed commitment to harsher drug sentencing amidst the county's burgeoning opioid epidemic.

Probation Reform Bill

Despite harm reduction rhetoric put forth in the media and even community-based forums, local legislators' support for the reinstatement of Pennsylvania's mandatory minimums and a punitive probation reform bill help revitalize harsher drug sentencing and technicalities in the wake of the opioid epidemic. These key pieces of legislation are both punitive in nature and

practice, and if passed would result in a renewed “crackdown” on drug dealers in possession of heroin and fentanyl. The fixation on “locking up” high-level dealers who are cast as the engine behind the opioid epidemic in Fayette will be explored further in order to establish the long-term consequences of punitive drug sentencing and surveillance even after release from jail and prison.

Drug-Induced Homicides

Chapter 4 additionally examines the district attorney’s endorsement of a punitive crackdown on drug use. This is particularly where the Pennsylvania District Attorney’s Association plays a role in advocating for harsher criminal penalties against fentanyl and heroin abuse. As a member on behalf of Fayette County, DA Richard Bower further perpetuates a punitive response to opioid addiction, in that his investment in locking up drug dealers and retaining the county’s conviction of drug dealers ways that harm reduction has been under-utilized relative to stringent drug regulation.⁴⁸ DA Bower’s prosecutorial decisions parallel a much wider trend occurring throughout Pennsylvania, where local prosecutors are helping renew a punitive drug war that hyper criminalizes those struggling with opioid addiction.⁴⁹

Yet, their reclassification as high-level “dealers” via Pennsylvania’s drug-induced homicide charge accounts for the uptick in these kinds of cases across the state.⁵⁰ This particular law and its impact on responses to the opioid epidemic will be analyzed. Tracing the District Attorney’s support for the charge, along with the punitive strategies pushed for by the PDAA will offer further insight into how some of Fayette’s key leaders further perpetuate a punitive stigma towards opioid addiction.⁵¹

The impact of Fayette lawmakers' punitive policy leanings can be seen just by assessing the social stigma among pregnant mothers battling opioid addiction. This section will discuss how Fayette's more punitive legal system significantly discourages treatment and outreach. This has consequently resulted in high rates fetal NAS syndrome among newborns in the county, where pregnant mothers face the prospect of punitive punishment as opposed to drug treatment and substance abuse counseling prior to giving birth.⁵²

Chapter 5 examines Fayette's poor economic performance in relation to the rise of the opioid epidemic to reinforce how the county's structural inequality both perpetuates cycles of substance abuse, and also severely limits the work of harm reduction advocates. Though harm reduction strategies are being implemented among county leaders in these joint constituencies, they also lack the capacity to fully mitigate the widespread opioid crisis. In a county where local leaders are forced to "get creative" with drug rehabilitation, Fayette County's economic conditions once again invite inquiry into the degree that policymakers heavily prioritize more widespread stringent laws at the expense of long-term substance abuse prevention.⁵³

Community activists are united in their assessment of Fayette's opioid problem as a structural issue, where economic improvements would enhance both the quality and scope of drug treatment on behalf of residents. Mitigating the scale of the opioid epidemic necessitates greater welfare spending in Fayette, but the reality is that republican legislators play a major role in constraining the county's safety net and welfare spending.

The Fayette County Drug and Alcohol Commission is at the center of drug rehabilitation, with a restricted budget and an overburdened local paramedic team necessitating joint collaboration across multiple departments to mitigate the opioid epidemic. Fayette is one of

many poorer counties lacking sufficient funds for harm reduction resources, and as of December 2017 was one of the few counties in Pennsylvania without drug and alcohol outpatient treatment.

Though Fayette’s community-centered approach to the crisis is centered on encouraging those struggling with addiction to get help, there is still a pervasive yet isolating stigma that keeps many in generational cycles of abuse. The individualistic focus on personal behavior, all while harm reduction advocates are constrained in the scope of service that they can even provide, undermines the large-scale efforts towards drug rehabilitation relative to the more punitive legislative and penal decisions that have concurrently emerged.

Fayette’s Punitive Reality Versus Philadelphia’s Harm Reduction

Fayette County’s local politicians play a critical role in addressing the opioid crisis, both in terms of the policies they endorse and the decisions made relative to the expansion of the county’s punitive carceral state. One additional and underlying reality that undergirds the universalized public health approach to opioid addiction is the negative stigma surrounding drug abuse. Though the opioid epidemic is classified as a public health crisis across numerous cities throughout the nation, the “fear” of stigma still prevents many experiencing substance abuse disorders from seeking treatment.⁵⁴ This dynamic is especially commonplace in a county like Fayette, where harm reduction and drug treatment approaches are especially neoliberal by design. The notion that one’s addiction is a prevailing reflection of social deviancy has remained a prominent misconception in American society.

The social hysteria attached to substance abuse disorder, which is often conceived as a “moral” impropriety continues to inform the policy approaches of politicians and the extent to

which public health advocates offer treatment to patients in need.⁵⁵ These trends can additionally be detected in Fayette County, where punitive policy meets self-referrals or court-ordered harm reduction and treatment.⁵⁶ Without a large-scale social culture that encourages drug rehabilitation, Fayette County residents, like many throughout the nation are tasked with seeking out treatment in an environment where substance abuse is depicted as an immoral “behavior.” Diving deeper into Philadelphia’s push for harm reduction offers an additional lens into ruling out negative stigma impacts the both the impact and work of public health advocates. In Fayette, this stigma has yet to be overcome.

Philadelphia currently leads the way in tackling the opioid epidemic via harm reduction, with strategies centered on expanding treatment, reducing rates of overdose, and further mobilizing active community involvement in the city’s public health campaign. As the first city slated to open a safe-injection site, Philadelphia is additionally driving momentum behind the prioritization of drug treatment and rehabilitation. The Philadelphia Resilience Project is one of the key ways that both government leaders and community activists come together to address the opioid crisis.⁵⁷ The Project is sited as a comprehensive approach to mitigating opioid addiction in the city. The cohort of public officials and community leaders in the Project aim to expand treatment access, improve housing quality, and help clean neighborhoods considered to be at the “epicenter” of the crisis.

In an effort to “meet those living with substance abuse disorder where they’re at,” harm reduction in Philadelphia is a multifaceted effort that addresses multiple drivers of addiction. In Philadelphia there is general consensus that some of these factors may include economic struggle and neighborhood quality, both of which can give rise to addictive behaviors in the long term.⁵⁸ The city’s plan to open its inaugural safe injection site is just one of the many modes of harm

reduction taking shape in the community. Philadelphia's needle exchange and "sharps disposal" program is an additional feature of the local government's harm reduction strategy, with various drop boxes located in different zones throughout the city.⁵⁹ In an effort to safeguard the safety of residents throughout all public accommodations, various employers and businesses have also become designated areas for disposal.⁶⁰ In this process, harm reduction has become a campaign not just heavily prioritized political leaders themselves, but throughout the broader Philadelphia community. The city's needle exchange program additionally compliments efforts made by the Philadelphia Resilience Project, in part because it helps improve the quality and sanitation issues prevalent in neighborhoods like Kensington.

Fayette County's response to its opioid crisis differs from Philadelphia's in that local leaders in the county enact harm reduction on a much smaller scale. In April 2017, the district attorney, sheriff's office, and the drug and alcohol commission received enough funding to install seven drug takeback sites in local police stations. 23 pharmacies in the county currently supply drug deactivation bags that allow individuals to "safely dispose of unwanted and unused prescription medications."⁶¹ Philadelphia currently has 16 drop-box units located throughout various sections of the city, with the kiosks accepting needles "used for insulin, steroids, biologic drugs, in vitro fertilization."⁶² As it stands, Fayette's takeback sites are only designated for prescription drugs. But given that the current wave of the epidemic involves the abuse of heroin and fentanyl, Fayette's takeback sites do not yet accommodate for the trajectory of the rapidly evolving drug crisis. Individuals battling opioid addiction are now increasingly more likely to depend on drug injections as opposed to prescription opioids, suggesting that prescription drug use has given rise to more injections over time.⁶³ With only seven sites available strictly at police

stations, individuals are not allowed to drop off “injectables, syringes, and needles,” along with alcohol and illicit drugs, including heroin.⁶⁴

Relative to Philadelphia’s takeback program, residents in Fayette are severely limited both in where they can discard illicit drugs and in the types of drugs that can even be disposed. With no needle exchange program and a much smaller range of kiosks, Fayette County residents may be less inclined to participate in harm reduction strategies waged by community leaders, especially in seeing how local police stations function as the main facilitators of these programs.

As an urban county, Philadelphia also has a largely Black and Latinx population and criminal justice reform focus that informs local leaders’ harm reduction efforts. This reality differs greatly from conditions in Fayette, where harm reduction is limited yet fatal overdoses have been on the rise. While urban incarceration remains on the steady decline, rural jail growth and expansion have conversely accelerated in rural counties, suggesting a perversely punitive reality taking place on the ground in predominantly White regions of the country like Fayette County.⁶⁵ And in the face of drug abuse, even the most addicted populations in predominantly White and rural areas are caught in an ever-expanding prison industrial complex.⁶⁶ Whereas in Philadelphia the demand for methadone maintenance, safe injection, and in-patient treatment have been spearheaded by harm reduction coalitions via multi-departmental initiatives, Fayette County’s response to its own drug crisis is more-so predicated on jail expansion, local leaders’ endorsements of mandatory minimums, and stiffer penalties for drug law violations.⁶⁷

All of these measures significantly outweigh the limited capacity that Fayette even has for harm reduction, creating for a more punitive response to the opioid epidemic. These measures will be explored at-length in subsequent sections in order to reinforce the diverging public policy approaches taking place in a rural county like Fayette and an urban county like Philadelphia.

Comparing Fayette's punitiveness to Philadelphia's harm reductionism also necessitates insight into just how widespread the drug crisis is in the rural county, given that Philadelphia has already been coined as "ground zero" for Pennsylvania's drug crisis.⁶⁸

Chapter 2: Race and the War on Drugs in Rural America

Pennsylvania's current drug crisis is not just one centered on the role that pharmaceutical companies have played by oversaturating the licit pharmaceutical drug market. At both the state and county level, the opioid epidemic operates within a much larger history of racialized drug prohibition in the United States. This creates for a much larger discussion not only on the scope of opioid addiction, but its intersection with both race and criminal justice policy over time.

Punitive drug sentencing has been a prevalent feature of the U.S criminal justice system. The boundary that policymakers forge between drug "victims" amidst today's opioid epidemic versus drug "criminals" during previous iterations of social hysteria marks an undeniable shift in national drug policy.⁶⁹ The modern push for harm reduction both nationally and locally is a critical piece to this. Current response approaches to the opioid epidemic drastically contrast the stringent narcotics policy commonplace during the War on Drugs era. In response to the crack epidemic, policymakers hyper-criminalized Black and Latinx communities, which came with sky-rocketing incarceration rates during the 1980s and 1990s across various cities.⁷⁰ Michelle Alexander speaks to this phenomenon in *The New Jim Crow*, in showcasing how tough on crime policies during this time period were steeped in racist rhetoric that disproportionately targeted minorities.

The history of U.S drug sentencing additionally points to racially disparate approaches to drug abuse and addiction. As discussed by Donna Murch in "How Race Made the Opioid Crisis," minority populations have been historically "punished" for drug use in a devised system of racial control relative to White Americans.⁷¹ The stringent policing of drug use was once at the epicenter of major cities, helping forge the rise of mass incarceration and a punitive carceral state.⁷² These developments are in sharp contrast to the initiatives championed at both the

mayoral gubernatorial level in the wake of the opioid epidemic, with less emphasis placed on drug criminalization and much more placed on treatment. Rather than the high-profile “crime” that was crack-cocaine possession in minority communities, opioid addiction is considered a “disease” that has heavily impacted White Americans.⁷³

In the eyes of policymakers, White Americans have historically been exempt from the racial stigma attached to illegal drug markets and drug use.⁷⁴ This stigma is what resulted in archetypes of Black and Latinx criminality during the crack epidemic. When considering how racialized understandings of addiction have historically infiltrated both criminal justice and drug policies over time, it is expected that in lieu of punishment, policymakers will instead push for universalized drug treatment as the solution to the opioid crisis. As previously discussed, cities like Philadelphia are currently spearheading harm reduction strategies that feed into broader discourse on drug rehabilitation and diversion. This context also operates alongside declining rates of incarceration in urban jails over the past decade.⁷⁵ However, these trends do not hold true for all counties across the board, especially in rural Pennsylvania. Though cities like Philadelphia have become much more reform-oriented, the conversely punitive reality emerging across the nation’s rural counties have resulted in rapid jail growth, prison buildup, and skyrocketing incarceration rates since the early 2000s.⁷⁶ This includes places like Fayette, where local leaders have played a major role in de-emphasizing public health approaches to opioid addiction relative to harsher penalties for drug possession and sales.

Fayette is a predominantly White, poor and rural county that complicates the predominant narrative on White “addiction” being solely framed as a public health issue. Though both Murch and Alexander’s works speak to race-based understandings of addiction and criminality, the dividing line forged between White “victims” versus Black and Latinx

“criminals” may not actually be so stark. The push for harm reduction does not simply operate along a racial binary existing between White “treatment” versus minority “punishment” in the typical ways that punitive drug policies have suggested. Fayette’s more punitive context, along with local leaders’ more punitive criminal justice policy endorsements complicate this clear-cut bifurcation and open the door to assessing how mass incarceration could even be developing in rural White regions of the country.

The development of Fayette’s more punitive context aligns with the carceral regimes fast-developing throughout rural America, and this reality can be traced through the policy leanings of some of the county’s key leaders. In our current criminal justice system, Marie Gottschalk’s *Caught* additionally reinforces how the nation’s far-reaching carceral state creates for a widespread and inevitable system of hyper-vigilance that not only targets minorities, but also targets the poor and even the undocumented.⁷⁷ There are in fact multiple layers to mass incarceration in the United States, which is not strictly driven by incarceration rates in major cities like Philadelphia. This leaves room for the prospect of a punitive carceral state that targets not just Black and Latinx communities in the urban center, but poor and predominantly White communities in rural sectors of the nation.

As discussed by John Eason in *Big House on the Prairie: Rise of the Rural Ghetto and Prison Proliferation*, small counties in rural regions of the United States are currently fueling the nation’s prison buildup in spite of the fact that incarceration rates for drug crimes in major cities are declining.⁷⁸ With this punitive trend alone, questions on how the opioid epidemic factors into punitive prison policy in a place like Fayette becomes that much more significant and challenges the idea that the epidemic is solely being met with harm reduction initiatives. Fayette County, a 92% White county in southwestern Pennsylvania boasted significantly higher rates of

incarceration over time in an overpopulated jail system, along with one of the highest rates of opioid-induced overdose in Pennsylvania.⁷⁹ Both Eason's and Gottschalk's work emphasize that punitive drug sentencing can no longer solely be viewed in an urban frame that concentrates on minority communities.

The "recipe" for a given drug war includes much more than racial targeting and drug abuse in major U.S cities. Marie Gottschalk's *Caught* additionally indicates that the War on Drugs is not the only factor driving burgeoning incarceration rates in the United States.⁸⁰ This leaves room to explore how current drug policies are continuing to drive up prison and jail populations not just for urban minorities, but for the rural poor who face chronic poverty and drug addiction in areas experiencing job shortages and economic underdevelopment. This very profile is the reality for many residents facing opioid addiction in Fayette County, who experience the highest rates of poverty and unemployment in Pennsylvania. Gottschalk's assessment of mass incarceration and the prison industrial complex takes Alexander's arguments on social control a step further by showing how the carceral state in fact perpetuates structural inequality across racial lines.

In the context of the opioid epidemic, drug criminalization cannot be depicted as a Black-White issue in terms of who receives a prison sentence versus harm reduction. But by examining the tenets of structural inequality in a carceral state as opposed to a racial caste system exclusively, understanding how chronic poverty and opioid addiction could in fact be operating alongside punitive drug policy in Fayette County becomes that much more feasible. Examining these tenets of inequality situated within a carceral state that targets minorities *and* the poor indicates that contrary to conventional understandings on the opioid epidemic, a punitive drug crisis could be emerging at the local level in the most rural and Whitest regions of the country.

In a place like Fayette County, commitments to harm reduction may not necessarily match the policy responses being implemented, especially in seeing how county leaders have endorsed punitive policy approaches to the epidemic that would disparately target both the poor and the addicted in this majority-White county. John Eason's work in *Big House on the Prairie* reveals how poor rural areas looking to spur economic growth and compensate for deindustrialization turn to prison buildup as a source of economic revival.⁸¹ And in the face of drug abuse, even the most addicted populations are caught in an ever-expanding prison industrial complex that penalizes low-level drug crimes such as opioid use. These trends are consistent in Fayette County, where state representatives express their rhetorical commitment to harm reduction against the opioid epidemic yet favor the reinstatement mandatory minimum drug laws in Pennsylvania. This can be paired alongside the fact that Fayette's Board of Commissioners serve as the primary drivers behind the county's prison expansion to further leverage employment opportunities. Economic inequality and poor economic performance in rural regions of the country further complicate the urban-centered narrative of mass incarceration being exclusively sustained by White elites who target Black communities.

The intra-racial dynamic between elite leaders and the constituents they represent adds further nuance to the ways in which local politicians could actually be responding punitively to the opioid epidemic and the communities they serve.⁸² Though it is idealistic to imagine that the opioid epidemic is being handled exclusively as a decriminalized public health issue, prison demand in the poorest rural counties like Fayette is an undeniable feature of the punitive initiatives that are emerging in response to the opioid epidemic. Michael Fortner's *The Black Silent Majority* and James Foreman's *Locking up Our Own* both explore how class separations between local government leaders and constituents create for punitive policies that end up hyper-

criminalizing the communities that these leaders were originally committed to representing.⁸³

These trends are especially prevalent in Fayette County. This same gap between local leaders and constituents in Fayette is further compounded by the county's widespread poverty and deindustrialization as a manufacturing region. Fayette's state representatives, board of commissioners, and District Attorney all operate within a framework where "locking up their own" includes poor White residents addicted to opioids.

Chapter 3: Punitiveness and Fayette County's Jail Growth—Examining Numbers and Conditions

Exploring the discontinuities between local leaders' rhetorical commitments to harm reduction and their punitive policy approaches to the opioid epidemic begins with an investigation into the history of the Fayette County Prison. When it comes to evaluating the rapid growth of rural jails in places like Fayette County, one of the prominent features of punitive penal policy as it applies to the growing rural-urban divide is the enormous investment in jail development coupled with limited programming and resources granted to incarcerated individuals. Understanding the emergence of rural jail growth and its consequences for the opioid epidemic is in part rooted in the fact that rural counties lack sufficient monetary means to provide programming, healthcare, drug treatment and other social services, yet heavily prioritize prison and jail expansion in an ever-growing market.⁸⁴

Fayette County's "archaic" correctional facility, which functions as a local jail touches on the nuances vested in the punitive response approaches of local leaders.⁸⁵ Their concerns strike a complex balance between the dire need for drug rehabilitation on one end, and jail expansion on the other. County commissioners Scott Dunn and Vincent Vicites share a common commitment to addressing the drug treatment needs of the communities they serve. But even with these proposed agendas, they also oversee and help manage an overpopulated, 132-year-old jail that has faced multiple lawsuits for poor inmate conditions.⁸⁶ Both commissioners argue that significant progress has been made in recent years to reduce the current population of the county jail.⁸⁷ According to Vincent Vicites, a conservative democrat and first-vice chair of Fayette County's Board of Commissioners, this is in part due to the improved efficiency of the county's previously overloaded court system, "Our court system has really been working together

effectively to lessen our overcrowding issue. We probably send very few people out of the county like we have in the past.”⁸⁸

Though changes have been made to address the overcrowding issue, progress has been slim relative to the consistent lack of recreational activity and bed-space for incarcerated individuals. Based on evaluations from a 2017 Fayette County Prison Needs Assessment, “the existing housing units” in the jail “do not offer the proper quantity of beds needed and access to sufficient out of cell space for activities for activities of the inmate population.”⁸⁹ Some of the persistent issues facing the county jail concern limited capacity for substance abuse counseling and recreational programming, both of which are central pieces to recovery for incarcerated people experiencing drug addiction.⁹⁰ With lack of adequate bed-space for incarcerated individuals, along with the fact that correctional staff are often outnumbered by the influx of inmate populations each year, findings in the Needs Assessment suggest that quality of life for incarcerated people deserves critical redress among Fayette leaders.⁹¹

Routine overcrowding and lack of bed-space often creates a “dangerous environment” for both incarcerated individuals and correctional staff themselves just when considering the limited means officers have in supervising large inmate populations.⁹² This outstanding issue is one not just commonplace in Fayette’s jail, but prevalent throughout the Pennsylvania Department of Corrections. In September 2019, staffing levels were deemed unsafe in many of Pennsylvania’s prisons, including state correctional institutions like SCI Fayette.⁹³ The severely imbalanced ratio between Fayette County Prison’s correctional staff and its jail population reinforces the continued need for reform, in spite of the perceived progress that county commissioners attribute to the court system’s reduced caseloads.

In the past year and a half, efforts have been made to “work every aspect of the court docket,” and reduce inmate populations at the county jail.⁹⁴ With these internal improvements in the processing of cases, both commissioners on the three-person board argue that the overcrowding issue has virtually been solved. Commissioner Dunn, a Republican who has served as second-vice chair on the board for over a year, additionally argued that individuals with minor, nonviolent charges are not even admitted into the Fayette County Prison.⁹⁵ This includes individuals with outstanding substance abuse disorders who are screened for the county’s diversionary programs prior to admission into the jail.⁹⁶ While these strategies have been implemented to compensate for the county’s overloaded court system, the prevailing overcrowding issue creates for conditions that local leaders often do not see behind jail walls. In just assessing the infrastructural capacity of the jail, former prison warden Brian Miller described how it was hardly feasible to separate incarcerated individuals based on the severity of their crimes.⁹⁷ The potential conflict that can arise without proper sanctioning is not only a security concern for correctional staff, but a safety hazard for incarcerated individuals. Though this finding was reported on by the Herald Standard Press back in 2014, little changes have been made to the jail’s infrastructural capacity or housing quality.

The longstanding and systematic overcrowding issue has resulted in a slew of criminal lawsuits waged against the jail, warden, and the county at both the state and federal level. In June 2018, the Pennsylvania ACLU and Pennsylvania Law Center filed a federal lawsuit against the Fayette County Prison, which attested to the jail’s “cruel and inhuman living conditions” for incarcerated individuals.⁹⁸ According to the complaint, inmates are frequently exposed to hazardous air quality and infestations, which include black mold, vermin, rats, roaches, sewage, and lack of clean running water. According to Pittsburgh Post-Gazette, the jail’s poor

infrastructure also exposes individuals to harmful temperature fluctuations during the winter and summer.⁹⁹ In the class-action suit, four incarcerated plaintiffs, the ACLU and the Pennsylvania Law Center are actively pushing for immediate change in inmate conditions at the Fayette County Prison.¹⁰⁰ As one of Pennsylvania's oldest jails, these intolerable conditions speak to an underlying crisis beyond the vantage point of leaders like Fayette County's Board of Commissioners. All of these environmental factors at the jail combine to "threaten the physical and mental health of all prisoners exposed to them," further victimizing incarcerated individuals who already have limited access to substance abuse resources and counseling.¹⁰¹ Thus, the "progress" that Fayette's Commissioners speak to in reducing county's jail admissions is in fact outweighed by existing conditions that put both incarcerated individuals and correctional staff at risk. So, while local Commissioners attest that court dockets have been maximized from multiple angles to ensure that less people are going to jail, those still serving jail time continue to face unchanging and inhumane jail conditions.

Though the Board of Commissioners have their sights set on building a newer, larger, and more "modern" facility in the near future, the present reality of Fayette's antiquated prison system still leaves room to assess the quality of the jail's rather limited support resources further. For other local leaders, the overcrowding issue remains a "constant problem" for drug treatment and mental health programming in the county jail, in spite of improvements made in the legal intake process.¹⁰² Fayette's 264-person facility has often had to relocate inmates to nearby county jails throughout Western Pennsylvania to meet compliance standards.¹⁰³ In 2013, over 77 inmates were sent to outside jurisdictions. Today, it is estimated that approximately 4-5 inmates are relocated on average.¹⁰⁴ Both commissioners stress how low-level offenders are routinely released into alternative programs through the county's mental health and drug courts. James

Stark, CEO of the Fayette County Community Action Agency conversely argues that lack of space in the current jail limits the support resources made available to inmates with substance abuse issues. Thus, the reduced number of inmate relocations does little to address the low number of support resources made available to individuals at the jail. According to Stark, “There are programs available currently from my understanding the county Drug and Alcohol and Behavioral Health, there are caseworkers in the prison providing that support. But again, space is limited. That limits the number of people you can work with.”¹⁰⁵

Talks on renovating the Fayette County jail have been prominent since the late 1990s, but the spacing issue in the jail continues to constrain outreach programs facilitated by counselors and coordinators from the Fayette County Drug and Alcohol Commission, along with the Behavioral Health Commission. According to Sheriff Custer, the jail “just does not have the room for current programming for the treatment needed. Spacing is an issue. Programming is an issue. Faith-based activities are an issue.”¹⁰⁶ Custer, who serves on the county jail’s Board of Inspectors, argues that in “one of the hardest hit areas for the opioid crisis” the quality of life for inmates remains a pertinent problem. In his eyes, the need for a larger jail stems from the “inefficiencies” of the current facility’s infrastructural design, which is ill-suited for its current population and the modern streamlining of mental health and substance abuse programming.¹⁰⁷

But questions on the need for a larger facility arise when considering the dual need for expansive drug treatment and counseling for incarcerated individuals. With much discourse centered on the prospective expansion of Fayette’s jail, little discussion has been made on *how* the jail’s internal drug treatment quality would even be approved along the way. As discussed by scholars like Eason and Gottschalk, increasing jail space does not necessarily result in reduced prison populations.¹⁰⁸ As corroborated by the Vera Institute, it is in fact larger facilities that

encourage municipalities to imprison more and more residents over time, creating for cycles of high incarceration that are now prevalent in numerous rural counties today.¹⁰⁹ Though a larger facility can help improve the overflow issue, this does not automatically equate to improved substance abuse counseling resources, and greater attention should be given to improving community-based drug rehabilitation and diversion. The reality of Fayette's jail expansion suggests that much more emphasis has been placed on jail renovation rather than improving the immediate availability of harm reduction resources in the wake of the opioid epidemic.

Though screening inmates for drug and alcohol addiction is considered an efficient process in the wake of the crisis, the lack of infrastructural space for drug counseling, AA, and faith-based meetings pose a significant barrier to improving internal conditions at the jail. Supplying drug and alcohol treatment programs often means that inmates are relocated to larger spaces made available by the county courthouse. While there, they meet with counselors and program coordinators from the Fayette County Drug and Alcohol Commission for treatment.¹¹⁰ The county sheriff has been especially outspoken about the lack of space and up to date technology within the current jail, in the hopes that building a new prison will redress the jail's inefficiencies.¹¹¹

Though it's "taken a whole community coming together" from different departments throughout the county to improve one of the oldest jails in the country, Fayette County has had a long history of jail growth since the early 2000s.¹¹² The uptick in the county jail's inmate populations, which resulted in an eventually overcrowded jail, speaks to a much larger trend occurring not just within Fayette's criminal justice system, but in rural ones across the country during this same time period. The 13-year period between 2000 and 2013 is a critical turn in

rural jail growth throughout the United States, marking a sharp contrast in jail expansion rates between urban and rural counties over time.¹¹³

From 2003 to 2013, pretrial incarceration rates increased by 26% in rural counties, whereas incarceration rates declined by 13% in urban ones.¹¹⁴ Within that same period, Fayette's jail incarceration rate in particular grew from 177 per 100,000 residents in 2000 to 296 per 100,000 residents in 2013.¹¹⁵ Between 1970 and 2013, pre-trial incarceration rates grew by 436% across all rural counties. Between 2000 and 2016, admissions to the Fayette County Prison increased by 52.3%, beginning with 1,546 inmates in 2000 and surging to 2,355 inmates in 2016.¹¹⁶ In 2000, Fayette had a jail incarceration rate of 170 incarcerated people per 100,000 residents for individuals aged 15-64.¹¹⁷ As recent as 2017, the jail's incarceration rate rose to 312 incarcerated people per 100,000 residents.¹¹⁸ This marks a major shift in the county's jail population during a period where urban jail populations in major U.S cities like New York, Philadelphia, and D.C have been on the decline. In particular, urban jail incarceration rates have decelerated since 2008, speaking to a much broader criminal justice reform mission that has been centered on urban areas.¹¹⁹ But in small rural counties like Fayette, the development of a larger correctional facility can once again drive inmate population growth.

Behind the walls of the 132-year-old prison, inmates have lacked improper proper drug treatment, air-conditioning, up-to-date technological resources, and enough bed-space to compensate for their two-person jail cells over the course of the jail's population increase. In 2014, inmates were forced to sleep on cot beds due to the lack of available bed space.¹²⁰ Fayette County Prison's longstanding overcrowding issue is an integral motivation behind the Fayette County Prison Board's campaign to develop a new and much larger correctional facility. In October 2013, the county's Board of Commissioners voted 2-1 in favor of Fayette's \$31 million

expansion project, which is set to expand and relocate the county's oldest jail to the U.S Army Reserve Center in Unionville, Pennsylvania.¹²¹ The \$31 million venture is considered the most feasible initiative that would help reduce the number of individuals relocated to correctional facilities outside of the county.

Some of the key and most outspoken stakeholders involved with the construction project include Fayette's County Commissioners, the District Attorney, and the County Sheriff, all of whom actively support the "low-cost solution" to Fayette's inmate overflow, along with the need to improve drug, alcohol, and mental health resource provisions.¹²² When original proposals for the prison expansion originally surfaced in 2013, former Commissioners Al Abmrosini and Angela Zimmerlink voted in favor of the project, which served as an opportunity to refurbish the facility and address many of its outstanding issues. Though discourse surrounding this long-term project is centered on low-budget costs that accord with Fayette's budgetary means, what is missing from the discussion is the fact that current inmates are still confined to a jail that is understaffed, overcapacity, and underequipped for harm reduction.

With projection models for the prison formalizing in January and February 2017, the county's Prison Needs Assessment underscores the jail's limited space and means to even offer support programming for inmates. This is a shared reality that characterizes numerous rural jails across the nation, where smaller and underperforming economies often result in a struggle to finance support resources not just in jails lacking correctional personnel, but overcrowded ones featuring routine arrests for nonviolent offenses.¹²³ As discussed by Sheriff Custer, the facility's outdated infrastructure often results in insufficient healthcare and mental health resources, with basic healthcare provisions virtually inaccessible for inmate populations.

Fayette's prison expansion isn't projected to be completed until 2036, with annual needs assessment publications and architectural proposals being put forth and evolving since 2013.

¹²⁴As discussed in the 2018 prison needs assessment, local proponents of the prison construction project expressed "frustration" over the "lack of program or treatment space" in the county prison. ¹²⁵As early as 2014, planners echoed these same sentiments over the current facility's poor medical facilities. But as it stands the prison's Health Services center still "lacks sufficient space to provide basic health care to [Fayette County Prison] inmates." ¹²⁶ In spite of county leaders' hopes of improving quality of life for inmates, the reality of what is taking place behind prison walls tells an entirely different story that calls into question the degree to which local politicians and development planners are committed to a vision of prison reform. This starts just by examining the unchanging environmental conditions for prison inmates, paired with the rising admissions rates into the Fayette County Prison. ¹²⁷ Since 2003, steady increases in both jail and prison incarceration rates point to undeniable shifts in Fayette's economy, one that particularly features jail development as a possible nexus for economic revival.

By contextualizing Fayette County's prison expansion alongside the developments emerging in rural counties throughout the nation, local support for the region's jail buildup can additionally be explored through a political-economy frame that speaks to Fayette's economic needs, and how those needs inform the choices of local leaders. Fayette's jail expansion operates within a much larger context that goes beyond the rhetoric of local leaders, whose advocacy for jail development routinely centers on improving the quality of life for prisoners, and expanding both medical and drug treatment resources in the long-term. Though discourse on jail expansion is centered on infrastructural improvement and potential relocation to a larger plot of land, there

is room to probe further into how an expanded prison could actually result in larger prison populations, even as gradual construction developments are underway.

As discussed by the Vera Institute, the financial incentives vested in rural jail growth coupled with an expanding jail bed market reemphasize the power and longevity of the prison industry.¹²⁸ Chronic economic disadvantage has been a driving force behind the rapid institutional development of prisons throughout many rural counties since the early 2000s, and this profitable industry is dependent on the incarceration of more and more prisoners over time. These trends have emerged in a rural area like Fayette County.¹²⁹ But rather than just stemming from the punitive nature of local leaders themselves, it could instead be borne out of Pennsylvania's more punitive pieces legislation that are currently on the table: the Pennsylvania House's proposal to reinstate Pennsylvania's mandatory minimums, the significantly amended probation reform bill, and the drug delivery resulting in death charge.

Jail buildup offers a viable option to combat the county's high rates of concentrated poverty and unemployment in Fayette County, the poorest county in Pennsylvania with limited economic performance, chronic underdevelopment and heavily deindustrialization as a region dependent on mining, oil, and manufacturing.¹³⁰ A larger jail necessitates more prisoners and the hiring of more correctional staff, with economic disadvantage serving as just one small part of the motivations among elected officials. In what John Eason coins as "stigmatized rural towns" shut out of the mainstream economy while experiencing the brunt of unemployment, low income, and limited municipal revenue, state leaders are in search of ventures that rectify the generational consequences of deindustrialization all while seeking to spur economic growth.¹³¹

With a poor-quality health center and tight quarters that increase the spread of airborne diseases, addressing the overcrowding issue has been a pressing need among leaders. For

inmates who do experience drug addiction and other drug problems, they often have had to rely on other inmates for support due to the lack of programming available in the current jail. While current DA Richard Bower, who has served as the county's District Attorney for the past 5 years, emphasized during his campaign run back 2015 that it is important to ensure that offenders who deserve to be incarcerated are actually in jail.¹³² The prison overcrowding issue, coupled with the safety concerns among visitors and guards, makes the prison renovation that much more urgent.

The longstanding zoning issue back in 2013 resulted in the postponement of the renovation project, though discourse today suggests that development efforts are underway with meetings between county commissioners and construction managers in the county. In various press statements, Commissioner Chair Dave Lohr has echoed that building a new prison will provide an opportunity not just to address the overcrowding issue but the mental health and abuse issues that current inmates face due to the lack of infrastructural space or resources available within the current jail.¹³³ Though this discourse was as recent as July 2018, limited drug treatment options have been an urgent need for inmates since 2014, just as the second wave of the opioid epidemic was taking shape throughout numerous rural counties, including Fayette.

This second wave points to the transition from dependency on prescription drugs to addiction to cheaper synthetic opioids like heroin and fentanyl. One of the shared concerns among county leaders is the fact that there is a need to improve the rehabilitative services at the newly built prison, but how soon this will happen remains unknown. According to Fayette County's annual Prison Needs Assessment published in 2018, the prison renovation project isn't projected to be completed until 2036, with a 312-person facility now in the works.¹³⁴ According to the Herald Standard Press, in June 2014 alone, nearly 75% of incarcerated individual at the jail were being treated for a drug-related issue.¹³⁵ And as the epidemic officially took shape across

various counties, drug use and drug crimes also increased in the county and across the state of Pennsylvania. As reiterated by the Herald-Standard Press, 13,951 arrests were made in 1980 for crimes involving drug abuse. This number rose to 54,483 in 2009.¹³⁶ For many leaders including Lisa Ferris, director of the Fayette County Behavioral Health administration, drug abuse crimes overwhelm Fayette County's criminal justice system.¹³⁷ In spite of this prevailing reality, Fayette's public officials continue to push forward with punitive jail expansion.

Chapter 4: Local Politicians Locking Up Their Own

Fayette County legislators and elected officials have played pivotal roles in generating a more punitive response to the opioid crisis. This can be seen principally through their policy endorsements on key laws brought forth by the Pennsylvania General Assembly. In the process, Fayette County’s representatives, commissioners, and district attorney are helping wage a more stringent response to drug possession, even for low-level and nonviolent offenders.

Mandatory Minimums

Fayette County lawmakers, public officials, and community activists have been consistently vocal in their support for drug rehabilitation as a means to combat the opioid crisis. In the same vein that Commissioner Dunn views opioid addiction as a problem that can be gradually “abated” over time, Fayette’s state representatives have begun centering their political platforms on community-outreach. Among these county legislators, community-centered outreach has been critical in increasing awareness on the nature of the crisis and the strains that addiction puts on families. And while their take on the crisis often revolves around the need to address addiction as a public health issue, their facilitation of community conversation has been led by key intervention specialists on the ground, whose work with aggrieved families and vulnerable children telling only part of the story on how the opioid crisis affects Fayette County residents. In line with Governor Wolf’s state of emergency declaration in 2018, Fayette’s legislators reinforced that opioid addiction is in fact a disease that requires long-term maintenance and treatment. In addition to leading forums in the community, they have often worked with local leaders on the ground closest to the crisis, which include religious leaders, prevention specialists, and substance abuse counselors.

On January 31, 2018 for example, representatives Matthew Dowling and Ryan Warner hosted a joint Majority Policy Committee hearing featuring testimony from the likes of Jana Kyle, executive director of the Fayette County Drug and Alcohol Commission, Gina D'Auria, executive administrator at Children and Youth Services, and Mary Sampey, director of evangelization for Catholic Communities of Connellsville.¹³⁸ They utilized their platforms to speak to a crisis that has devastated the county over the course of a two-year span. In a newsletter published one month after the hearing, Rep. Ryan Warner discussed how the drug epidemic has taken an intolerable toll on youth separated from their families, with “skyrocketing caseloads” overburdening the Children and Youth Services department. Other representatives like Rep. David Cook, a republican representative from the 49th district, held a similar town hall that brought together experts and community members more than a year before in October 2017, where he publicly described the opioid epidemic as “the worst public health crisis to hit the nation.”

This kind of rhetoric is generally consistent among county representatives who conceptualize the opioid crisis as one that must be constantly mitigated, in that there is no “solution” to opioid addiction. And as a complex issue, it is one that can only be “mitigated” with increased community awareness, conversation, and drug treatment.¹³⁹ Yet in spite of this kind of consensus reached among local legislators and intervention specialists on the ground, one area where Fayette’s legislators begin to diverge is in their legislative record. In light of the current opioid crisis, their voting behaviors on critical pieces of legislation could in fact have adverse effects on aggrieved families and residents who continue to battle opioid addiction. In particular, their punitive voting behavior sharply contrasts the emphasis they place on harm reduction as a mechanism to mitigate opioid addiction. Though news outlets and community

forums often capture their pro-public health approach to the issue, in reality their voting record tells an entirely different story that undermines the harm reductionist rhetoric written in print. As Republican state representatives, Fayette leaders' conservative legislative record in the General Assembly contradicts their harm reductionist rhetoric. Their prospective policy decisions can further victimize residents in need of drug rehabilitation.¹⁴⁰

These policy leanings could adversely impact the scope and feasibility of harm reduction in Fayette, especially in the long term. This can principally be seen through Fayette representatives' vote to reinstate Pennsylvania's mandatory minimum sentencing during the General Assembly's 2017-18 legislative session.¹⁴¹ Though this reinstatement did not successfully pass in the Senate, its push through the House also came with unanimous support among Fayette's conservative representatives. On April 5th, 2017, House Bill 741 passed in the PA House, and was formally sponsored by republican Representative Todd Stephens.¹⁴² Originally, this bill was aimed at "reviving" Pennsylvania's mandatory minimum sentencing to both increase sentencing for violent crimes and wage stiffer penalties against high-level offenders charged with drug and gun possession.

In 2015, Pennsylvania's Supreme Court struck down the state's mandatory minimum sentencing laws as unconstitutional, given that the statutes did not necessarily require prosecutors to supply "proof beyond a reasonable doubt" when pushing for a mandated minimum sentence. Even with this context considered, Fayette County representatives and commissioners expressed support for this potential reinstatement, especially in dealing with the county's current drug problem. If passed, House Bill 741 would have required a minimum of two years for individuals in possession of a controlled substance with the intent to sell to a minor, which violates Pennsylvania's Controlled Substances Act.¹⁴³ Additional sentencing stipulations

would also heavily penalize individuals in possession of heroin with prior felony violations. With a mandated 3-year prison sentence for those possessing between 5 and 50 grams of heroin on one end, and a 5-year penalty for those in possession of 50-100 units of heroin with prior felonies on the other, House Bill 741 and its passing in the House arrived at a time where cities across the nation were also experiencing the most recent wave of the opioid crisis.¹⁴⁴ County representatives like Ryan Warner attest that if House Bill 741 were to have successfully passed, that mandatory minimum sentencing would have only targeted high-level drug traffickers in possession of a large quantity of drugs and those who commit violent crimes with a firearm.¹⁴⁵

Though it is true that the mandatory minimum sentencing would not directly target individuals addicted to opioids, or even low-level and nonviolent drug sellers, it is important to acknowledge the historical ramifications of mandatory minimum sentencing laws, and how such punitive legislation still contributes to hyper-criminalization of marginalized communities. This said hyper-criminalization has occurred during previous iterations of moral panic in response to drug abuse and addiction, as seen during the 1970s War on Drugs era and the punitive legal response to violent crime among state and municipal leaders during the 1980s.¹⁴⁶ Across the board, Fayette County legislators, commissioners, and the District Attorney underscore the importance of mandatory minimums as a tool to rid violent criminals and particularly drug dealers from the community. On May 22nd, 2017, roughly a month after House Bill 741 was voted on in the House, members of the Pennsylvania District Attorney's Association issued a statement in support of mandatory minimums, arguing they "must be restored to keep violent criminals off the streets."¹⁴⁷ Fayette County DA Richard Bower is also a member of the PDAA, and as a county leader looking to lock up dealers who "deserve" to be in jail, helps further entrench Fayette into a mode of punitiveness even on the prosecutorial side.¹⁴⁸

For Commissioner Vincent Vicites, who has served on the Fayette County Board of Commissioners for 26 years, it is precisely these “dealers” who are responsible for the county’s current drug crisis.¹⁴⁹ Though House Bill 741 emphasizes punishment for violent offenders and those intending to sell large quantities of illegal narcotics, the demonstrable support among local leaders in Fayette touches on a much more notable dynamic and legal response to opioid addiction in our current climate. Punitive attitudes towards “dealers” who are cast as high-risk and especially violent offenders in society has reinforced the punitive history of mandatory minimum sentencing both at the state and federal level. As reiterated by the ACLU, mandatory minimums do in fact have disastrous consequences, often “creating unwarranted racial disparity” in the U.S criminal justice system and fueling the rise of a punitive carceral state.¹⁵⁰ This said carceral state, as discussed by Gottschalk, is a hyper-vigilant one predicated on universalized sentencing, harsh stipulations, and determinate guidelines that target marginalized communities.¹⁵¹ In just looking at the current face of the criminal justice system, with the rise of mass incarceration and routine prison overcrowding commonplace in numerous prisons and jails statewide, there have been indicative consequences to harsh drug laws just in terms of the lengthy prison sentences that incarcerated individuals are required to serve. Reinstating Pennsylvania’s mandatory minimums would only worsen conditions at county jails like the Fayette County Prison, which is already overpopulated and overcapacity.

In spite of these factors, numerous leaders like Commissioner Vicites “put trust” in Fayette’s legislators to pass laws that address the crisis, arguing that policies like House Bill 741 could be part of the solution to the county’s opioid crisis. In noting that mandatory minimums could have a “positive effect” on the opioid epidemic and its severity, Vicites in part exhibits how punitive policy endorsements can trickle into a bifurcation between violent “dealers” and

“victims” being directly targeted by intolerable drug traffickers.¹⁵² This kind of rhetoric was especially commonplace during the War on Drugs era, where crack-cocaine was depicted as a “public enemy” by both President Nixon and news media outlets to reinforce an all-out offensive against “violent criminals” in Black and Latinx communities. Both often sensationalized drug possession as an immoral impropriety that could easily be contained behind prison walls in order to reduce violent crime. These very tenets present in House Bill 741 once again prioritize stiffer prison sentences as the tool to “remove” violent criminals from local communities, which in turn undermines broader efforts towards rehabilitation and criminal justice reform in Fayette County.

When considering the state of Fayette’s overcrowded jail alone, the potential passage of House Bill 741 would only serve to overburden an understaffed facility with a history of poor infrastructural conditions. All of these factors combine to create for a punitive carceral regime, where Fayette County leaders could perpetuate the very intra-racial disparity that James Foreman touches on in *Locking Up Our Own*.¹⁵³ In situating this ideal in Fayette’s context, the county’s key leaders and lawmakers exhibit strong deference to a system of law that punitively targets high-level traffickers, in the spirit of protecting victims struggling with opioid addiction. This kind of rhetoric is especially harmful when it comes to exploring the nuances of opioid addiction and the illegal drug market, where many drug sellers experience drug addiction themselves. Though Fayette County leaders do contribute to important conversation on drug rehabilitation and treatment, their dual support for harsh drug sentencing amidst the opioid crisis in fact undermines this public health mission advanced among harm reduction advocates on the ground.

Pennsylvania’s Probation Reform Bill

In delving further into how Fayette leaders’ policy endorsements exhibit an additional measure of practical punitiveness, they become especially important when examining

Pennsylvania's punitive probation system. As part of the General Assembly's Criminal Justice Reform Caucus, Pennsylvania legislators in the Senate sought to pass a probation reform bill that would substantially reform probationary sentencing conditions, along with adjusting the lengths of supervised release. During the 2019-2020 legislative session, the PA Senate issued Senate Bill 14, which was originally endorsed by the Pennsylvania ACLU based on the fact that it would "limit the time Pennsylvanians can be sentenced to probation, reduce the amount of time spent on probation, limit incarceration following a probation revocation, and would apply these changes retroactively under certain conditions."¹⁵⁴ This progressive bill has been revered as a step in the right direction for criminal justice reform, especially in a state like Pennsylvania where probation functions as a "trap" that constantly subjects individuals to perpetual systems of hyper-surveillance and stringent technical stipulations.¹⁵⁵ And though this progressive bill passed in the Senate, its virtual destruction in the House signals the maintenance of a status quo probationary system.¹⁵⁶

However, Pennsylvania's probation system continues to target the most marginalized in an ever-expanding net of correctional control. Rather than "capping" probation terms as envisioned by both the Senate the ACLU, House Republicans significantly "scaled back" original reform provisions via House Bill 1555.¹⁵⁷ In it, House leaders issued an amendment that would essentially retain Pennsylvania's current systems of probation and parole. In particular, members of the House removed original provisions that called for a cap on probationary lengths and retroactive adjustments to supervised release agreements.¹⁵⁸ House voters in support of this revised bill also included Republican legislators in Fayette County, with the general consensus among them centered on retaining the "incentive" for individuals to adhere to strict probationary requirements set by court judges. Pennsylvania's probation system is one that "frequently

punishes poverty, mental health, and addiction,” and the House’s move to significantly alter the degree to which local governments can actually enact tangible reform significantly jeopardizes counties like Fayette.¹⁵⁹ With a strong conservative base, Fayette legislators’ endorsement of House Bill 1555 serves to uphold an expansive and punitive system of supervision that both punishes and heavily prosecutes drug addiction. This further solidifies Fayette’s punitive response to its current opioid crisis, in that drug users and sellers alike are subject to harsher punishment if convicted of illegal drug possession even after serving their prison sentences.

According to the ACLU, the House’s changes to the bill would cause Pennsylvania to “move backwards” in the fight for probation reform, especially when it comes to truly putting an end to mass incarceration.¹⁶⁰ As discussed by Gottschalk, Pennsylvania’s probationary system functions as a far-reaching carceral state that is both punitive and hyper-vigilant¹⁶¹. In spite of this, Republican Fayette County representatives like Ryan Warner argue that placing a “hard cap” on the possible length of probationary sentences would “lead to more judges sentencing offenders to jail rather than allowing them to remain in the community for probation.”¹⁶² For Warner, the existing system does leave room for potential adjustments to individuals’ terms of supervised release, but this depends solely on whether a probationer is “successful” in completing treatment conditions and not violating the terms of their probation.

Probation cannot be conceptualized as a mere system of merit that “incentivizes” individuals to fulfill their probationary requirement. In reality, even as probationers look to fulfill them, the overburdening technicalities and probation lengths still contribute to persistent rates of recidivism among former offenders. True progress in the completion of probationary terms comes from tangible reform to the system itself. Representative Warner’s conservative outlook does not address the inherent flaws in Pennsylvania’s current system, which include a

longstanding history of racial targeting and socioeconomic marginalization. This assumes that there is an inherent measure of fairness in the systematic design of probation throughout the state's court systems. But in seeing how marginalized communities are overwhelmingly targeted and cycled throughout the nation's prisons and jails in the first place, the reality is that a truly fair system of probation necessitates reform so that completion of probation stipulations is realistically attainable.

As it stands, Pennsylvania's wide-sweeping "net of correctional control" and supervised release already does dominate the lives of countless residents in both rural and urban counties.¹⁶³ Probation reform is in fact geared towards lessening these conditions, rather than worsening them as described by Representative Warner. Court systems and county jails are constantly overloaded with individuals who violate terms of their probation. Under the current system, Pennsylvania judges heavily impose probationary requirements in an overwhelming majority of their cases with so few consistent guidelines across the board. With much of the discretion left up to judges themselves, the lack of consistency means that formerly incarcerated individuals lack explicit protections from especially harsh probationary terms.¹⁶⁴ This was one of the central motives behind the Senate's probation reform bill, given that marginalized groups like minorities, the poor, and those battling drug addiction are disproportionately more likely to receive harsher and lengthier probationary periods from the local courts.¹⁶⁵

In at least 70% of cases, judges are likely to impose probationary stipulations across the state, with the overall expansion in supervision leading to more technical violations and higher arrest rates in urban counties like Philadelphia.¹⁶⁶ As Pennsylvania legislators increasingly rely on what the Crime Report conceives as a new "war on drugs playbook" featuring stringent and punitive drug laws, their support for punitive probationary requirements further feeds into a more

draconian system that builds momentum for harsher penalties against drug possession. These trends are not only commonplace in the decisions of Fayette's local representatives, but in the conservative policy leanings of the District Attorney. With his heavy endorsement of prosecuting the county's way out of drug possession, DA Richard Bower adds further insight into how Fayette County's leaders are renewing a war on drugs against opioids.

Drug-Induced Homicides

In Fayette, those struggling with addiction can easily be reclassified as sellers just through the punitive nature of Pennsylvania's drug-induced homicide charge. Across the state, local prosecutors have been increasingly filing drug delivery resulting in death charges against those deemed responsible for another individual's fatal overdose. As opioid-induced overdoses continue to rise statewide, District Attorneys have begun endorsing the use of this charge to heavily criminalize drug "sellers" who in many cases are recreational users that exchange drugs like heroin and fentanyl with their peers. With this charge, defendants may face upwards of 40 years in prison if convicted, with illegal drug possession in direct violation of the Controlled Substances Act. During the same period that heroin and fentanyl overdoses were on the rise, between 2013 and 2016 over 200 of these cases were filed by Pennsylvania prosecutors.¹⁶⁷ In most cases, these kinds of charges disproportionately target drug users, as opposed to high-level sellers and traffickers deemed responsible for violent crime rates across various municipalities. But the reality is that in most cases, the "high-level" dealers that local leaders seek to prosecute are actually far-removed from local drug sales.

Numerous rural counties across the state like York County are leading the way with the uptick in drug delivery resulting in death cases, and when compared to Philadelphia and Allegheny, account for the steady increase in prosecutions between 2013 and 2017 alone.¹⁶⁸ The

uptick in these kinds of cases has also given rise to magisterial judges applying bail in cases where defendants are charged with drug dealing. In knowing that cash-bail systems heavily disadvantage both minorities and the poor, both local judges and District Attorneys throughout Pennsylvania are developing an invasive carceral state that heavily punishes drug addiction. These central components prove to be disastrous in a poor county like Fayette, where high rates of overdose and chronic poverty further feed into a punitive carceral regime.

Though Fayette County has only had one case where an individual was prosecuted and charged in a drug delivery resulting in death case, the District Attorney's support for the charge alone still helps reinforce a punitive turn in mitigating Fayette's drug crisis. With less emphasis on public health, DA Bower's tenure has been heavily predicated on "locking up" drug dealers who deserve to be in jail. Similar to Commissioner Vicites' views, these individuals are deemed responsible for Fayette's current drug crisis. As a member of the Pennsylvania District Attorneys Association, Bower along with numerous other prosecutors support increasing sentences for "fentanyl related crimes" that include both sales and "drug delivery" incidents.¹⁶⁹ The PDAA functions as a central cohort of statewide prosecutors who are helping Pennsylvania lead the nation in drug-induced homicide charges. In spite of the public health rhetoric, the push for harsher and stiffer drug penalties like these among PA District Attorneys suggest that local leaders in counties like Fayette and throughout rural Pennsylvania are treating drug addiction as a crime that must be punished.

By curating this more punitive culture, it often becomes harder for individuals experiencing drug addiction to even come forward and seek out treatment. Whereas negative stigma around addiction in part stemmed from Fayette's limited base for harm reduction, this said stigma also comes from the punitive response measures enacted by county leaders themselves. This reality is

especially prevalent for pregnant mothers in Fayette who struggle with opioid addiction.

Throughout Pennsylvania, pregnant mothers addicted to opioids are increasingly more likely to birth newborns with fetal NAS syndrome. According to a RAND study, pregnant mothers living in “criminal-punishment oriented states” were more likely to give birth to newborns who experience neonatal abstinence syndrome, which is a combination of “medical problems” and opioid withdrawals that newborn babies experience in the womb due to their mother’s opioid addiction.¹⁷⁰ In these states, pregnant mothers are less likely to disclose their opioid addiction with doctors out of fear that they will face harsh punishment. With pregnant mothers less prone to even seek out prenatal care and treatment due to the punitive responses among local leaders, fetal NAS rates have risen over time in Pennsylvania, with Fayette County functioning as a “criminal-punishment oriented” region just based on the sheer number of newborns born with opioid withdrawal symptoms. In June 2019, Fayette’s fetal NAS rates surpassed statewide averages. According to the Pennsylvania Health Care Cost Containment Council, there were 49.7 newborns hospitalized with NAS for every 1,000 born. This ranks Fayette the second highest in the state for newborns born with fetal NAS.¹⁷¹ Neonatal abstinence syndrome is a very real facet of the nation’s opioid crisis, especially in a county like Fayette where the District Attorney and local legislators are in favor of harsher drug laws.

Chapter 5: Gap Between Rhetoric and Policies in the Opioid Crisis

Fayette's emergency response team, substance abuse counselors, and behavioral administrators play a pivotal role in mitigating the county's drug crisis. Though harm reduction is a vital measure executed among Fayette's local community leaders, the county's poor economy severely limits the extent to which those battling addiction can even access drug treatment. While county legislators and elected officials attest to Fayette's grave drug crisis, their punitive policy leanings additionally hinder the degree to which specialists on the ground can successfully mitigate the crisis. As a county featuring comparably lower tax rates and property values, Fayette's fiscal budget alone limits the quality and scope of treatment that drug treatment specialists can even provide to community residents.¹⁷² Meanwhile, Fayette leaders have concurrently been devising a more elaborated system of punishment as opposed to treatment, with less emphasis placed on expanding existing drug treatment programs. With these factors, the structural implications of Fayette's chronic poverty and poor economic performance are undeniable. For harm reduction specialists, it is Fayette's economic reality that heavily constrains the scope of their work.¹⁷³

The county's constrained fiscal budget, alongside the punitive decisions of local leaders combine to virtually dismantle the viability of Fayette's social safety net. Fayette's property tax rate alone reinforces this dynamic. With one of the lowest property tax rates in the state, residents pay a median of \$1,074 in taxes each year, with the county collecting just 1.3% in total revenue.¹⁷⁴ On average, Fayette County residents pay 2.49% of their annual income in taxes.¹⁷⁵ To put into broader perspective, Fayette's lower tax base limits the amount of revenue that can be reinvested into the county's mental health, drug treatment, and substance abuse programming. Thus, addressing the needs and frustrations of residents currently experiencing opioid addiction

necessitates joint efforts from the Fayette County Drug and Alcohol Commission, the Behavioral Health Administration, and the Children and Youth Services department. Local administrators from these three departments have to work collaboratively with one another to both “identify the problem and try to come up with solutions” to widespread drug abuse and addiction in the county in part because of the limited funding and resources in the county. ¹⁷⁶ Gina D’Auria, executive administrator at Children and Youth Services, speaks to these cooperative efforts between CYS and other departments, and why a community-centered approach is so important in addressing the county’s drug problem, “ I think that Fayette County is unique in that because of our poverty and our lower tax base we have to become more creative in how we provide services to children and families. Because the money is not there as it may be in some of the richer communities. So, we work very creatively and very cooperatively with our system partners.” ¹⁷⁷

Working creatively and collaboratively is a strategy that speaks to the consequences of lowered taxation in one of the poorest counties in Pennsylvania. Fayette’s predicament as a county struggling to provide adequate funding to its administrative departments stems from the general pivot among GOP legislators throughout the General Assembly, who routinely advocate for reduced taxation throughout the wealthiest and even the poorest counties in the state. These sentiments additionally trickle down into the purviews and agendas of Fayette’s leaders. This includes the Board of Commissioners, which is also responsible for devising the county’s fiscal budget proposal each year. With the PA GOP looking to “reduce” the scope of government at a time where intervention would help streamline greater access to drug treatment, Fayette County’s opioid crisis is in part fueled by budgetary constraints that hinder the capabilities of even the most dedicated harm reduction advocates. ¹⁷⁸

Fayette's widespread poverty and limited economic revenue are significant factors that impact the type of program and treatment resources that leaders can provide at large to community residents. Working collaboratively allows these partnering organizations to pool together resources that maximize both the quality and degree of treatment made accessible to those addicted to opioids.¹⁷⁹ Along these same lines, it allows for multiple recovery agencies to address the drug crisis in creative ways and take into consideration the existing work already taking place on the ground in the faith-based and social service sectors. Dealing with an unprecedented drug crisis means that unlike other county leaders, those in Fayette County *have* to come together and develop multifaceted response mechanisms to a complex drug problem.

Jana Kyle, executive director of the Fayette County Drug and Alcohol Commission underscores the importance of a community-oriented approach to drug treatment, citing it as one of Fayette County's strengths. According to Kyle, no one organization is territorial when it comes to providing drug rehabilitation. Reducing the county's high overdose levels requires the input and expertise of multiple departments and recovery agencies.¹⁸⁰ Fayette's collaborative approach to drug treatment resulted in the creation of an overdose task force.¹⁸¹ The coalition consists of county commissioners, CYS social workers, treatment counselors, behavioral health administrators, and community residents who work with the District Attorney's office and the Fayette County Drug and Alcohol Commission to "eliminate overdose" and ensure that "individuals in Fayette County have access to quality substance use disorder treatment."¹⁸² This treatment includes increasing access to naloxone for residents who overdose, providing more medication assisted treatment to prisoners via the Vivitrol program to help reduce relapse, and working with medical professionals to both identify and safeguard patients who are at a "high-risk for overdose and substance abuse disorders." This task force was officially developed in

2017, with leaders' strategies shaped by a three-year plan that focuses on collaboration, education, and outreach to the community.¹⁸³

The FCDAC operates as the “single county authority” on substance abuse prevention and treatment, functioning as a locus for inpatient and now outpatient care. But even with this centralization comes limited support from the local government. In spite of this roadblock, treatment methods at the drug and alcohol commission has expanded over the years. Resources include both the Vivitrol injection program, which has been in effect for 12 years, the suboxone outpatient treatment program, inpatient counseling, and methadone maintenance.¹⁸⁴ But with the commission operating alongside the joint task force, local leaders tackle the opioid epidemic from “multiple angles and sectors of the community.”¹⁸⁵ These sectors also include the work of EMS and the “community paramedic team,” who routinely collaborate with the task force to maximize efficiency in emergency responses to overdose. These collaborative efforts have also resulted in an auxiliary coalition known as the Community Addiction Support Team (CAST).¹⁸⁶ The support team, which was funded by the statewide opioid disaster declaration from Governor Wolf in 2018, involves collaboration between the FCDAC, CYS, and first responders who hope to “reduce the stigma around addiction” and encourage users to immediately get treatment after being revived from a drug overdose.¹⁸⁷ These multi-modal approaches to combatting the epidemic allows the FCDAC to ensure that “quality substance abuse prevention, intervention, and treatment services” are provided to all county residents.

Though these multidepartment efforts among Fayette leaders speak to the strong sense of community-oriented drug treatment and addiction prevention, the undeniable reality of the county's limited economic means when compared to other counties still remains a pertinent issue for treatment counselors. According to the Pennsylvania Commission on Sentencing, in

December 2017 Fayette was one of the few counties in Pennsylvania that lacked drug and alcohol outpatient treatment.¹⁸⁸ During a year where opioid induced deaths were at an all-time high, voluntary self-referral into inpatient programs based at the FCDAC was the only resource made available to residents. Today, individuals can enroll in the FCDAC's outpatient counseling program "for alcohol and other drug problems," which now includes at-home detoxification treatment for "opiate dependent individuals."¹⁸⁹ But the FCDAC's development of its outpatient treatment unit is rather recent, and in the wake of a widespread drug crisis, local administrators and counselors in Fayette are forced to act quickly in treating so many individuals with fairly new program methods.

The financial and response-related strain put on both the local paramedics and the FCDAC requires collaboration between both forces to reduce the high overdose death rates that continue to impact the county. The high rates, coupled with the amount of people getting referred for treatment, both frustrate and created a "burnout situation" for first responders.¹⁹⁰ In 2016, the FCDAC's funding sources were becoming increasingly restrictive at a time where overdoses were decimating the county. This means that while first responders were overseeing large subsections of Fayette, FCDAC social workers and counselors were also tasked with offering large-scale resources with limited means. Jana Kyle describes this dynamic further, and the overwhelming toll that the opioid-induced deaths have had on the community paramedic team, "There was a discussion about the number of overdoses that EMS were going to and the frustration that EMS was having because they would go to the same homes, the same addresses, and treat the same people. They would use Narcan to revive them, and then go back the next day, next week and month. It started becoming a burnout situation for EMS. It was also becoming a

situation where we were not seeing referrals rising for people coming in based on the number of overdoses we were hearing about.”¹⁹¹

According to Jana Kyle’s testimony at a 2018 House Majority Policy meeting, one of the central goals of coalitions like the opioid overdose task force and the community addiction support team is to bridge the gap between public health and public safety in order to “effectively engage stakeholders, utilize resources, and reduce overdose death and stigma in Fayette County.” This “stigma” is often what prevents so many residents from even seeking out treatment. Commissioner Dunn reinforces how community outreach is so fundamental in the efforts spearheaded by elected officials, emergency personnel, and rehabilitative specialists. “The problem affects everybody,” says Dunn. “We need to have an educational part of it. There needs to be an outreach to parents, the families, and the doctors, and to the communities, to make sure they understand what the problem is.”¹⁹² Dunn argues that part of his job as a commissioner is to conduct outreach with community residents and transparently lay out options made available to them when it comes to treatment.

In Fayette, the success of drug rehabilitation also depends on the “willingness” of residents to both learn about and take part in substance abuse programs and evidence-based treatment. However, the limits to this more individualistic approach to drug treatment and counseling is rooted in the fact that many battling drug addiction may be less prone to seek help. And in a county where much of the harm reduction is predicated on voluntary opt-in programming, many residents are put at a disadvantage merely based on the negative stigma that surrounds substance abuse. Multiple leaders stress the importance of education and awareness in the ongoing mitigation of substance abuse and drug addiction in the county. Though leaders from multiple recovery agencies have different vantage points on the origins of the epidemic, all can

agree on the fact that drug addiction has damaging effects not just on addicts themselves, but on their families.

Given the culture and nature of drug abuse in Fayette County, many of those struggling with addiction feel discouraged from getting help, reinforcing the neoliberal nature of voluntary self-referrals. And even with the prevention methods implemented across various school districts and communities, the main problem that local leaders seek to address is the fact that individuals who are in need of treatment actually get the rehabilitation that they need. One of the reasons that accounts for this according to leaders like Sheriff Custer and James Stark, stems from the county's economic conditions.¹⁹³ The county's history of economic depravity could be a potential trigger for substance abuse disorders, which in turn hinders employment outcomes for those who need to pass drug tests prior to being hired. In a county where career-oriented and business centric jobs have been historically scarce, those battling addiction and struggling to find jobs are entrapped by their economic plight, creating for constant cycles of abuse.

For others leaders like Erica Usher, a prevention specialist at the drug and alcohol commission, the county's prevailing stigma also stems from a lack of understanding on what drug addiction actually is. Rather than seeing substance abuse disorder as a disease, Usher argues that society views it as a behavioral problem and moral impropriety. The general public is quick to attribute drug abuse to the "poor choices and bad behavior" of the individual, rather than acknowledging drug addiction as a largescale health problem.¹⁹⁴ And though Fayette County leaders are currently working towards expanding access to treatment for all residents, Usher cites transparency on the epidemic as a necessary goal in reducing rates of abuse and overdose. This kind of individualism is what largely shapes the response methods among local administrators, whose work in the Opioid Task Force and the Community Addiction Support Team is largely

predicated on whether or not the “individual” chooses to enroll in the FCDAC’s inpatient treatment program. Part of Usher’s work as a prevention specialist is to help community members understand that addiction functions as a disease that is both genetic and inheritable. From this scientific perspective, opioid abuse and addiction is so much more than someone making a conscious “choice” to break the law and consume illegal substances.

The very notion of addiction being a choice continues to function in the emergency response methods implemented by county leaders, with the onus heavily placed on the individual. Without extensive government backing, these community-based coalitions are heavily tasked with encouraging individuals to enroll in treatment, with their work heavily dependent on whether or not residents “decide” to get help.¹⁹⁵ For Usher, framing drug abuse simply as an illicit behavior does not address the root causes of addiction or the “capacity” that an individual has to become addicted to drugs like opioids. In the context of Fayette’s drug crisis, this negative stigma especially does a disservice to ending these cycles of abuse.¹⁹⁶ Punitive responses to drug abuse could in fact perpetuate opioid addiction further she says, and the long-term goal should instead be centered on increased awareness and prevention for the generations to come.

“This is a complex issue. It’s hard to really get people engaged in enough conversation to where you can give them enough information to change their minds. They’ve grown up in believing that this is a moral failing and that people make bad decisions and that they deserve what they get. That is a huge thing to overcome in society to get people the help that they need.”¹⁹⁷ Until progress is made against the negative stigma that society harbors against those fighting addiction, cycles of substance abuse will continue to worsen among county residents who feel outcasted. Along these same lines, Usher reinforces how open conversations on drug

addiction lays the foundation for the implementation of proactive prevention against substance abuse disorders. This is especially instrumental when it comes to detecting the psychological and physical triggers of addiction, which are no different from the physiological coping mechanisms that non-addicts use to confront “negative feelings” and stressors in their lives.

Similar to Usher, Jana Kyle discusses how the county’s isolating stigma paired with easy access to street drugs creates cycles of abuse that are generational. This also ties into the generational poverty that many families experience in the county, with Kyle citing stagnant graduation rates, historically low education levels, and unfulfilled job openings as just some of the economic triggers behind opioid addiction. Kyle adds that almost 25% of Fayette County residents require medical assistance, citing residents’ poor health outcomes as being comparatively lower than other counties in the state.¹⁹⁸ All of these factors, when paired with the fact that opioids have become so easily accessible in Fayette, means that substance abuse disorders like opioid addiction can become “learned” behaviors merely based off of one’s surroundings, home environment, and external stressors.¹⁹⁹ Usher adds that the drug and alcohol commission has done a lot of work around reducing the negative stigma towards addiction, particularly through the Strengthening Families Initiative. Part of the work in reducing rates of overdose and substance abuse begins with “unlearning” these said behaviors that have become engrained in Fayette County’s culture.

Usher argues that fostering concrete coping skills proactively reduces the likelihood of substance abuse, especially among impressionable youth. This evidence-based prevention program is just one of many geared towards targeted skill-building for participating families. Skills like conflict resolution, decision making, and communication are reinforced during weekly evening sessions. In the wake of the opioid epidemic, the hope is that participants have these

tools at their disposal and become “less likely to abuse substances, regardless of what it is.” So, though Fayette’s evidence-based prevention programs do not target any one substance, the state and federal level momentum behind evidence-based programs like these means that prevention specialists throughout Fayette can help adolescents build long term prevention skills. Usher heavily attributes the robust emphasis on skill-building among younger generations to the increased funding from both the federal and state governments. At both levels, the opioid epidemic serves as a prime learning opportunity and launching pad, and the newfound focus on ending opioid addiction further emphasizes the importance of prevention-based treatment.

Overcoming the negative stigma around seeking help and treatment is an uphill process in Fayette, as seen through the prevailing rates of overdose that have impacted the county since the epidemic’s inception. As reiterated by Kyle, in instances where emergency personnel respond to cases of overdose, EMS responders often visit the same homes and provide Narcan, a life-saving drug, to the same residents repeatedly.²⁰⁰ And though the overdose task force and community addiction support team were launched to assist the FCDAC in conducting widespread outreach to as many residents in need, part of the frustration in administering treatment stemmed from the fact that of the people who did need help, many were unwilling to receive it. Not only was this reaffirming the same strain placed on local paramedics and the drug and alcohol commission, but also put a strain on resources like naloxone, which became essential in treating frequent cases of overdose in the county. Despite the high rates opioid-induced overdoses that occurred in 2015, so few people were requesting referrals for drug rehabilitation programs.

This noticeable gap in the number of people enrolling in treatment programs inspired the work of the overdose task force and the community addiction support team, once again

exhibiting how harm reduction efforts in the county requires a team effort in order to maximize targeted treatment. Kyle recounts the frustration felt throughout the drug and alcohol commission, given the pressing demand for drug treatment in the county, “There was a lot of frustration. We can’t treat people if they’re dead. If we don’t know that they are using, then we can’t help them. That’s how this started because we wanted to get more referrals coming to us so we can try to help a person with their addiction issue. But we only get the referral when they come to our door, a specific referral from an agency or the court system or a self-referral.”²⁰¹ Since the task force’s development in 2017, the commission had a 9% increase in both court and self-referrals, treating a total of 1,436 patients. This came along with a 44% increase in Vivitrol out-patient treatments.²⁰²

Fayette’s high rates of overdose also offered an opportunity for county leaders to develop harm reduction strategies that connect community residents with first responders in routine community forums. Since the inception of these joint coalitions, the drug and alcohol commission has partnered with the district attorney and the sheriff’s office to launch drug takeback programs in local police stations and drug deactivation bag sites in local pharmacies, all of which Kyle asserts have heavily contributed to the decline in Fayette’s overdose and overdose death rates. Though naloxone does not offer a permanent solution to drug addiction, Usher adds that the proliferation of access among first responders *and* the families of addicts has also contributed significantly to the decline in overdose deaths. “What seems much more likely to have caused the changes in the overdose death rate is the expansion of the availability of naloxone, or Narcan. Fewer people are dying from overdose. We have had a lot of change regarding the availability of Naloxone.”²⁰³ These specific changes are in reference to the Attorney General’s standing order, which allows all Pennsylvania residents to obtain a

prescription for naloxone. Pennsylvania's Naloxone access law was officially enacted in 2015, making it the first state in the U.S to implement a statewide standing order for the drug.²⁰⁴

Pennsylvania as a whole also has one of the highest opioid-induced death rates. This standing order not only places harm reduction into the hands of first responders and drug counselors, but also into the hands of aggrieved families who witness firsthand how opioid addiction affects their loved ones.

Fayette's "unique" positioning as a poorer county struggling with addiction means that public officials often center their platforms on outreach, education, and mitigation. This work is also spearheaded by religious ministries and families most impacted by the drug crisis. As argued by Commissioner Dunn, there is no official "end" to drug addiction, in that the county's culture may push residents to use yet another kind of drug that overloads the pharmaceutical market. But "abating" the crisis, as Dunn argues, requires a community effort.²⁰⁵ Commissioner Vicites cites Fayette's strategic step by step plan in ending the crisis as a major step in the right direction, in that the county's strong recovery community is at the foundation of harm reduction. He argues that this kind of work has inspired other counties to develop action plans that specifically address overdose deaths and the epidemic in particular. But this requires everyone "doing their part" when it comes to popularizing and encouraging drug treatment and prevention. It's going to take a whole community to really do their part to save lives and help people get over their addiction to opioids. It's going to take education; it's going to take awareness. It's the whole facet of all aspects of this, [that] are going to have to be looked at. Everybody working together to solve the problem. And it takes having a good plan. We do have a good plan, and we're implementing it."

In regards to finding solutions to the epidemic and lessening its impact, much of the discourse among elected officials is centered on treating those who struggle with addiction, educating families on the resources available, and conducting outreach with community organizations already invested in harm reduction efforts. One of these organizations includes the Faith in Recovery Prevention Coalition, whose work focuses on creating a “unified community response to prevent youth substance abuse” through community programming and drug free school zones throughout the county. The gravity of the opioid epidemic also centers on its impact on children and families, in that many are separated due to parents’ battles with opioid addiction. Gina D’Auria discusses the impact that the epidemic has had on youth separated from their parents in CYS, with high overdoses also corresponding with an even higher intake of adolescents. “It’s caused our referral rate to increase dramatically. We’ve seen more and more children being separated from their birth families as a result of the epidemic. A lot of grandparents that have had to step up and become the parent.”²⁰⁶

Fayette’s opioid epidemic has become a significant “family problem” that requires grandparents and other loved ones to play an active role in the lives of parents struggling with addiction, and the children in need of care. D’Auria cites the county’s overdose task force as an additional tool in addressing this problem. Part of the task force’s strategy focuses on fostering engagement between drug counselors and families in need. In cases of overdose, local paramedics and drug and alcohol counselors work to provide educational information to supporting families, which provides an additional opportunity to work directly with individuals facing addiction. In regards to the welfare of children who are affected, this kind of outreach is meant to increase awareness for loved ones, who can play a role in encouraging individuals to opt into drug counseling. Though progress has been made in regards to getting more people

enrolled into treatment, D'Auria finds that the work of the overdose task force and system partners has more room to grow. "We saw a problem with the number of overdoses, the lack of education, the lack of getting to these individuals to get them into treatment. We were able to get creative and do this type of program. And we're looking to expand it as far as babies born addicted, and helping moms that are in medicated assisted treatment and the babies that are born exposed to that kind of substance. And helping the moms get through that whole process. And we'll be using a similar model with EMS and social work." ²⁰⁷

For harm reduction advocates, ending the opioid epidemic isn't just a campaign that alleviates the financial costs local departments have to invest in drug rehabilitation, but one that can reunite families and rebuild the county's social networks. The fight against addiction has often benefited from the input of aggrieved families who now serve as caretakers for loved ones struggling with addiction. Three central tenets within Fayette County's harm reduction strategy focus on education, outreach, and mitigation. But for Commissioner Dunn, the education and outreach components are critical so that residents know where to turn for support resources in their community. ²⁰⁸

Improving Fayette's economic conditions continue to fuel the agendas of community activists like Jim Stark, whose work with the Community Action Agency centers on generating overall public welfare for residents facing widespread poverty and unemployment. ²⁰⁹Fayette's economic history is just part of the story behind widespread drug addiction among community residents, but is also a history that supplies context into how local leaders can even respond to the drug crisis. The limited economic means that local leaders even have to do so, coupled with the community activism taking place on the ground, signals that Fayette's opioid epidemic is additionally a structural problem that has to be addressed by multiple agencies. Commissioner

Vicites reinforces this dynamic in regards to Fayette's strong and unified "recovery community," with rehabilitation efforts led by families, religious leaders, and law enforcement officials, "It's going to take a whole community. The efforts of law enforcement, it's going to take the leadership of elected officials, it's going to take the recovery community being very close knit and helping their friends and neighbors, and their recovery from this addiction, bond together. And it's going to take the religious community to be very cognizant of the problem and try to help people steer them away from it. It's going to take a whole community to really do their part to save lives and help people get over their addiction to opioids."²¹⁰

Fayette's community-centric harm reduction effort also feeds off of the leadership of Fayette's strong religious community. This can be seen through the rehabilitative work spearheaded by Reverend Terry A. Sanders, the founder of Genesis House Ministries in Uniontown. This rehabilitative transitional home for former prisoners in the town aims to "turn the lives around" of court-ordered parolees and former prisoners, many of whom struggle with drug addiction. The faith-based recovery program has been in operation for seven years, and Sanders became inspired to launch the program based on his longstanding involvement and religious leadership in the Fayette County jail. As chaplain at the jail for the past 16 years, Sanders noticed a constant problem with offenders' high rates of recidivism. "We very soon found out and saw that rates of recidivism was happening very quickly. Because they [inmates] were not really getting the education and the support that they need for recovery. Therein, Genesis House was created. The residential program was created, where we now have a licensed drug treatment facility."²¹¹ Sanders adds that the drug treatment program originated out of a "need for a men's resident's-based treatment facility," and one where spirituality is at the center of participants' various phases of recovery. Given the nature of the crisis that is drug addiction in

Sanders' eyes, the spiritual component of the residential program addresses just part of the "brokenness" that many struggling with addiction experience. Sanders' experience working within the jail and in the limited recovery spaces provided is what prompted him to develop a larger treatment center where young men can live, build trade skills, and invest themselves in a long-term road to recovery.²¹² Sanders has been a leader in the Uniontown faith-based community for an extensive period of time, serving as co-pastor for Victory House ministry with his wife for the past five years.

Since creating Genesis House, Sanders has witnessed great progress for participants in the program, especially during a time where opioid addiction was hitting the county hardest. Like many other leaders, he once again stresses the joint effort taking place between ministries like Genesis House and other recovery agencies throughout the county. He additionally harkens back to Fayette's strong recovery community, which is shaped by the work of law enforcement, paramedics, and the drug and alcohol commission. According to Sanders, with Fayette's drug culture becoming worse than ever before, opioid addiction is not a problem that can be immediately solved overnight. But the work taking place at the local, state, and federal level, especially when it comes to giving more financial support to rural areas hardest hit by the epidemic, is essential in ending the crisis in the long-term for Fayette County communities. In regards to the importance of faith, Sanders adds that a faith foundation, community, and supportive revenant are instrumental in helping an individual cope with addiction, especially because sites like Genesis House and the congregation at Victory are "no-judgement zones" that help reduce the stigma around addiction. In this sense, the opioid epidemic is yet another component that the church community and ministry deal with.

Along these same lines, Mary Sampey, director of evangelization for the Connellsville Catholic Community also builds a bridge between religious outreach and recovery for Fayette County residents in need. Much of Sampey's work in the church community focuses on increasing awareness on opioid addiction. Her heavy involvement in spearheading the church's prevention-based youth programming and community outreach was inspired by her sister's fatal drug overdose due to prescription painkillers. Because of her sister's death, she became passionate about "learning about how people become addicted," adding that her job as director also means that she must be supportive to friends and families affected by opioid addiction.

Through her extensive outreach to learn more about the epidemic, Sampey helped launch the catholic churches' grief counseling groups, along with a 12-step program for friends, and families of addicts. All of this work came from her outreach to middle and high schools, where she connected with youth to further understand how the drug crisis affected families and loved ones struggling with addiction. Similar to Sanders, Sampey adds that having the support of a religious community plays a major role in recovery from addiction, in that a "relationship to a higher power" is part of what makes individuals willing to get help. And as a church community, this type of support is reassuring and intimate even for families who often resent their loved ones who battle substance abuse disorders. Thus, working with families and friends of those who are addicted is equally important in the fight against drug addiction. The church is used as a space to teach them skills on how to "deal with the fact that their loved ones are addicted" in healthy ways.²¹³

For harm reduction advocates, collaboration has proven to be essential when it comes to maximizing the scope and feasibility of treatment for Fayette County residents. Though the means through which to do so have proven to be especially limited, the work from multiple

departments, agencies, and community sectors additionally reinforces limited accessibility in the wake of an extensive drug crisis. Tackling the opioid epidemic from “multiple angles” becomes a necessity that addresses Fayette’s longstanding structural issues and economic performance.

Conclusion

Fayette County's opioid crisis is a complex issue that challenges mainstream understandings of mass incarceration, race, and criminal justice. The response approaches of the county's commissioners, legislators, and District Attorney have been especially punitive, in spite of their rhetorical push for harm reduction captured in various news media outlets. In assessing the broader impact of opioid addiction in rural Pennsylvania, Fayette functions at the epicenter of a renewed war on drugs in the countryside. This is based on the policy endorsements of the county's key leaders, their prioritization of jail expansion, along with a limited base for harm reduction. Though community activists in Fayette are committed to the same public health approach being implemented in cities like Philadelphia, they simply lack the financial means to do so on as large of a scale. This reality is paired with the fact that Fayette's local politicians heavily emphasize a punitive carceral regime that targets high-level dealers deemed responsible for the county's current opioid crisis. The investment in "locking up" violent dealers and removing them from the streets is a relic of the War on Drugs, with similar parallels drawn for current leaders concerned with reducing rates of violent crime and drug possession.

As one of the poorest counties in the state, Fayette additionally exhibits how economic depravity in a predominantly White county helps create for overwhelming cycles of abuse. Harm reduction advocates recognize this prevailing reality, but are heavily constrained in terms of the scope of treatment that they can even provide to residents. The neoliberal nature of Fayette's harm reduction, while it is occurring, still undermines the degree to which individuals feel encouraged to seek out treatment. All of these factors combine to showcase the very "recipe" for a more punitive response to drug addiction in rural Pennsylvania, with lawmakers and public officials overprioritizing punitive drug laws as a solution to Fayette's opioid epidemic.

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