

Tough As A Mother

Oklahoma, along with every other state, has a problem. Every state in the union has, since 1995 with the introduction of OxyContin, seen an increase in drug addiction. The addition of fentanyl and the legalization of marijuana in many states has complicated the challenges associated with that devastating situation. In the case of Oklahoma, those challenges have another aspect that many other states have avoided. That is, the policy choices of punishing those who have an addiction or a drug misuse. In the case of pregnant women even the use of a prescribed medication such as marijuana can lead to legal jeopardy. Our state has chosen trouble over treatment. Those choices are highlighted by the propensity of the state to arrest, send to trial, and ultimately incarcerate women who have a treatable and diagnosable condition, a DSM 5 designated “substance use disorder or SUD.” According to Jennifer Mathis, MD, a physician at the NHS-Addiction Resource Center (www.alwaysnhs.org) here in Tahlequah that offers treatment for addiction, “Sud is a disease of the reward pathways in the brain and drugs hijack the normal reward pathways so things that used to make you feel good such as spending time with family or pursuing a favorite hobby is not as rewarding as it used to be. This hijacking of the reward pathways gets reset during recovery.” Brain scans that were not available just a few years ago now can clearly identify the impact of a SUD. There have been studies using PET and MRI scans that show how dopamine is released with certain substances. Dopamine is, according to the Yale School of Medicine, “the primary neurochemical for reward. As a neurotransmitter helping brain cells communicate with one another, it can create a sense of euphoria or of simply feeling good.” Drugs that cause the release of dopamine are highly addictive and can lead to addiction after just a single exposure. The Oklahoma culture that chooses punishment for behavior cites this as a “bad choice” and one deserving of any punishment received. We can call that a bad choice, but addiction is not what they were choosing, “feeling good” is what they were after and is a nearly universal pursuit. And we know that addiction is not, in and of itself, a crime. Nor is possession and use of marijuana if an adult citizen in Oklahoma has a properly obtained medical card.

In his book “From Chocolate to Morphine,” Dr. Andrew Weil did a history of cultures and discovered every culture he studied had some mechanism for obtaining an altered state of consciousness, with the most prevalent drug being alcohol. In the book he writes “History teaches that it is vain to hope that drugs will ever disappear and that all efforts to eliminate

them from society are doomed to failure. Throughout the twentieth century, Western society attempted to deal with its drug problems through negative actions: by various wars on drug abuse implemented by repressive laws, disinformation, outrageous propaganda, and attacks on users, suppliers, and sources of disapproved substances. These wars have been consistently lost. More people are taking more drugs now than ever before. Drug use has invaded all classes and ethnic groups and has spread to younger and younger children. Also, more people abuse drugs now than ever before, and the drug laws are directly responsible for creating ugly and ever-widening criminal networks that corrupt society and cause far worse damage than the substances that they distribute.” Dr. Mathis adds “Most patients with substance use disorders have a long history of personal traumas and because of the stigmatization of mental health care in this society, people often turn to substances to cope. American society punishes those who need mental health or social supports because it disapproves of people using substances to cope. Punishment only teaches people what society does not want them to do to cope. Rehabilitation teaches people what they can do to cope instead of substance misuse. If our society desires to break the cycle of revolving traumas and punishments, we need more evidence-based substance use disorder treatments, mental health supports and social supports for our family, friends and neighbors.”

Oklahoma policy makers have chosen a failed strategy and adds to the outcome of causing more harm. However, some in Oklahoma sought a different path. The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) noted that Oklahoma is number 2 in the nation in the rate of incarcerating women, and the number one reason for incarceration is “Child Abuse/Neglect/Failure to Protect.” Included in that number of women are those who were prosecuted and subsequently jailed for having a SUD while pregnant. An example of that challenge was recently published in “The Frontier” and re-published here in the Tahlequah Daily Press. The ODMHSAS decided to do something about that and work toward finding solutions. One of those solutions was being implemented a state away in Colorado. There they found “Tough as a Mother (TAAM),” a campaign to “decrease stigma around maternal substance use disorder, educate providers and connect pregnant and parenting mothers to treatment and recovery supports in their communities.” Tahlequah is fortunate to have a recognized provider, CREOKS Behavioral Health Center, that offers pregnant women an alternative. Their approach to the implementation of TAAM has been robust and recognizes the urgency of the situation. If



anyone calls with a TAAM request or referral, they are offered an immediate appointment and access to the “family care plan (FCP)” which is an integral part of TAAM. TAAM is a unique and voluntary program that helps women and supports them throughout their pregnancy, breaking down barriers between providers and coordinating care to benefit the mother and the child. According to Katherine Conner, LCSW, RPT, Director of Family Centered Services at CREOKS, “At CREOKS, we have seen incredible change come from clients creating Family Care Plans. They have been empowered through the Tough as a Mother campaign to seek help and treatment at CREOKS. Because the Family Care Plan is individualized, any family can use it to focus on their own goals and move forward in their own story. We are so thrilled to partner with organizations like the Evolution Foundation to bring such a unique opportunity to families and meet the needs of an underserved but totally deserving population.”

One of the very serious flaws with our current practice of incarcerating young mothers is the traumatic separation of mother and child. TAAM strives to reduce, and hopefully eliminate this outcome. Foster care is not a sufficient alternative to the mother bonding with their child. With TAAM, the successful participant will have developed a FCP that involves all those who have an interest in the woman’s success. From family members, including participating fathers, to OB/Gyn doctors to pediatricians, SA treatment providers, DHS and others, they all act as both the team and the cheerleader. Empathy, compassion, strengths based, hopefulness and honesty are all hallmarks of the program. Keeping the mother drug free and safe outside the legal system will ensure the avoidance of mother/child separation and help reduce the number of women in prison and children in foster care. Choosing treatment over trouble is a goal worth pursuing. To learn more visit the website <http://www.OKImready.org> and click the TAAM button.

