

# NEVERLAND

Mom pies git off  
DARUG. S. PIZ 3 mom  
go out with pay  
thin we can have  
A nu thar chas  
pies mom than  
we will have  
a nu thar  
Famye Pies.

## A Note from The Editor

NEVERLAND is a bi-monthly publication that features the theme of women and addictions in the United States and offers an in-depth approaches in covering various aspects of this problem. The stories in this very special issue of NEVERLAND are first-hand narratives that discuss the consequences of addictions and provide coverage of addicted mothers and their children in the form of environmental portraiture and documentary reportage. The content is divided into chapters and maintains a book format organization.

Through sharing a first-hand stories NEVERLAND hopes to educate its readers about critical social issues our society is currently facing. NEVERLAND strives to bring a heightened awareness of contemporary social issues that are not covered by or are under-represented by the mass media. NEVERLAND is read by young educated adults, who are interested in learning more about current social issues. NEVERLAND provides a visually driven approach by using both documentary and portraiture photography.

Yanina Manolova  
Athens, Ohio  
April 2010

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EXCEPT WHEN TO DO SO WOULD INJURE THEM OR OTHERS.

EXCITED TO TAKE PERSONAL INVENTORY AND WHEN WE WERE ASKED TO PROMPTLY ADMIT IT.

II. SOUGHT THROUGH PRAYER AND MEDITATION TO IMPROVE OUR CONSCIOUS CONTACT WITH GOD AS WE UNDERSTOOD HIM, PRAYING ONLY FOR HIS KNOWLEDGE OF HIS WILL FOR THE POWER TO CARRY IT OUT.

SPIRITUAL AWAY

OF THESE STEPS

THIS MESSAGE

PREPARED

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Rural Women's Recovery Program, Athens, Ohio  
LEFT (CLOCKWISE, FROM BOTTOM LEFT): Madison (7), Megan, William (5), Natalie, Gracie (4), Brittany, Stephanie, Adam (3), Cameron (2), Stephanie, Carissa, and Audrina (1-month-old).



## Addicted Mothers and Their Children

*They are women from the local counties. They are women who have endured very rough backgrounds. About 80-90% of the women coming here have been sexually and/or physically abused. About 80-90% of our patients are mothers. Women going in and out of prison. In and out of jail. Kids are taken away. We have a peculiar system around here. In the United States we put people in prison. We think the way to treat addicted people is to punish them.*

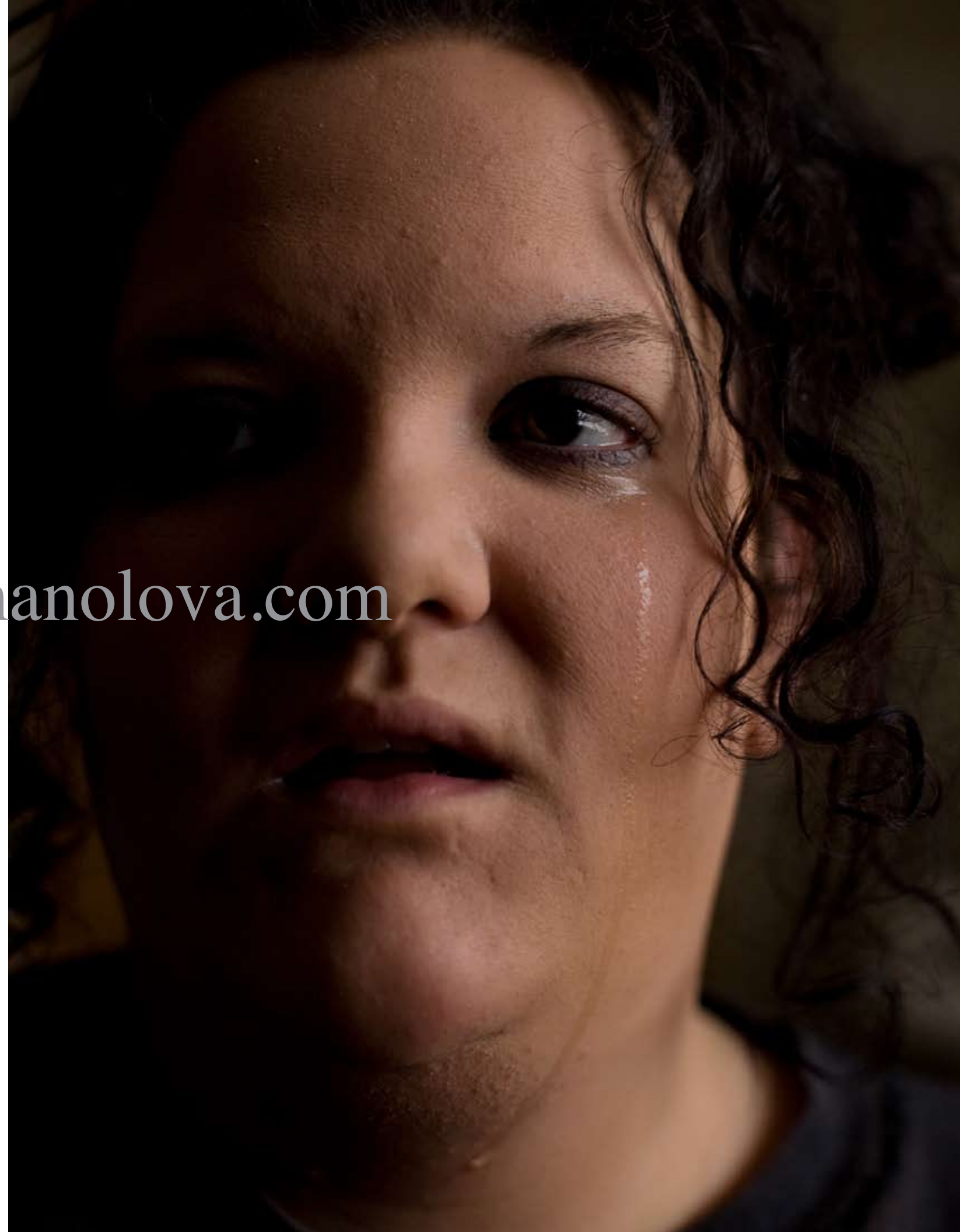
Dr. Steven Clay, DO, is an Addiction Specialist at the University Medical Associates in Athens, Ohio, has treated about 500 patients with opioid addictions over several years. He is limited by the government to treat, at the most, 100 people each year. The majority of his patients are women. They are coming here seeking help. They treat them with suboxone, which is a medication to substitute for the opiates without causing the “high” associated with the drug addiction.

*With any couple, if the mother is doing drugs, and the father is violent, bipolar, causing problems, stealing things- guess who gets the kid? The person who is not the addict. If you are an addict, you are treated worse than anybody else. The courts system generally do not recognize improvement. Instead, they want perfection. So this population of women is trying to deal with taking care of their kids, often with no job, and without fathers who have left and contribute nothing.*

*Addiction is inappropriately treated in the United States. Treating it properly requires residential treatment for 3 months. That's what it takes. We can keep people out of prison, and prevent the continuation of a dangerous cycle. You have people who have problems with drugs, they get arrested, they go to prison, there receive no treatment, they come out of prison. Now, charged with a felony, it becomes certain that they can't get a job, and then they get back into drugs, which brings them back to the court. The courts punish them again, often more, and so on. If I see somebody, keep her clean for a year, and send the information to the court, most of the time that information is ignored. Most courts will not recognize the progress an addict makes. If somebody relapses once, has one positive drug screen, they will send them back to prison. It is popular in our society to have addicted people to be the scapegoats, and those are the scapegoats of our society now. It's a shame because this is a bio-psycho-social disease, the same as many other illness, such as diabetes or high-blood pressure.*

*RIGHT: My addiction broke my son's heart. That year his grades went down. One day he tried to hit me. It was a punch as he saw his dad punched me. I told him, "You never, never hit a girl." Then I just started crying—Laura.*

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*Daddy hit my mom,  
pulled her and kicked  
her out of the house.  
I can take him down.  
I am not putting up with  
that. I felt mad when  
my mom started taking  
pills. She would never  
answer. She would lie.  
All of that crazy stuff—  
Clay, 7.*



## **Laura and Clay**

*When I was 18, I got pregnant with my son, Clay. At 19 I had him. I dropped out of college and moved into an apartment in Zanesville, Ohio. We stayed there for a couple of years, and things were smooth and fine between me and my husband, Chris. Clay was about 2 years old when everything started happening. Clay knew. Clay saw that daddy would hold me down. Daddy would choke me. Slap me or hit me. Punch me. He threw chains across the table. A lot of it had to do with Clay, and how disciplined Chris wanted him to be. Then it just got worst. He started following me wherever I went. He checked my gas mileage. He told me that I was cheating on him. That I'm a slut. At the very end of the relationship, Chris came in and grabbed me by the back of the head and pulled me through the living room. I was trying to get up kicking. He had a pretty good grip on me and threw me out of the door. Clay was sleeping upstairs. I called my friend. Meanwhile Chris went upstairs and loaded the shotguns. He was gonna kill everybody in the house. I started panicking. All I could think about was Clay sleeping upstairs. I called the cops. They came in the house. The cops found 2 loaded shotguns upstairs. They arrested him.*

*As soon as Chris split up, it became really hard. I hated him. But I loved him. This sounds crazy, but to this day I still love Chris a lot. It just hurts really bad. One day a friend offered me a couple of Vicodine pills. She said, "It makes you feel better. Makes everything okay. I take them when I'm stressed out." I snorted them for a about a week. It made me feel better. It hid everything. The pills hid the fact that he had gotten another girl pregnant. I remember not going to my friend's house for a couple of days. I woke up. I was dope sick.*

*After Vicodine, I moved to Percocet. After Percocet, I went to Dilaudid. Then cocaine. Crack. I would spend most of my paycheck on just this. By the end of the night, I was broke because I wanted more. And I would go back, and back, and back. And I would get it. That is, until I had no more money left. No money to pay my bills. No money for Clay. Nothing. I would push Clay away. He felt like his mom and dad had given up on him. Mommy was always here for him before. He stayed at his grandmother's house. He asked, "Why is mom not picking me up? Why is mom not calling tonight? Does my mommy love me?" It was just an odd kind of relationship. My addiction broke his heart. That year his grades went down. He was so bad during the school year. He started fighting with the other kids in the class. He was fighting with the kids in the neighborhood.*

*One day I was tidying his shoes, and he tried to hit me. It was a punch as he saw when his dad punched me. I held his hands down to the side. I told him, "You never, never hit a girl. You gonna end up like your dad." Then I just started crying. I thought that I had raised a Chris. And I couldn't change anything. He would come to me and say, "Mom what are you taking pills for? Mom why are you taking Zanax? They are yellow, white and green." He asked if the doctor prescribes them to me. I don't want my son growing up thinking of me like that. Remembering me as a druggie. I went to a suboxone treatment program at University Medical Associates in Athens, Ohio, because I wanted Clay to have a good life.*



## The Law

*Our Children Services caseload is growing every year. I get more and more calls from Children Services where a baby was born, and the newborn and mother both had drugs in their systems at birth. Either 3 or 4 out of every 5 of the children in our Children Services cases are related to drug-addicted mothers.*

L Scott Powell is a Meigs County Juvenile/Probate Judge in Pomeroy, Ohio. He works with the Children Services cases. There are three categories of cases: abuse, neglect and dependency. Dependency cases are where the mother is abusing drugs, and not necessarily physically abusing her children, but she is not providing proper care and is not making herself available as a parent. In typical custody cases, not all parents who have drug problems end up in a Children Services system, as some of them come from custody cases where the father found out that the mother had been using drugs, and he filed a case. Both of the parents undergo drug testing. If the test is positive, Health Recovery Service counselors order the parents to get a counseling assessment. Most of these women are poor and have no health insurance. The state and federal funding is not enough, and very few women qualify each year to receive state funds to get in-house treatment at some of the private drug treatment programs, such as Bassett House or Rural Women's Recovery Program in Athens, Ohio. *The criminal justice system has traditionally been proven not to be successful in addressing these drug problems.*

The Juvenile Judges try to find a stable relative or a stable family for the children of these mothers. The foster networks are their choice of last resort. If they can find grandparents, any other relative, or anyone who has some stability, they place the child with them. The Ohio Foster Network is entirely certified, conducts criminal background checks on the foster parents, and provide them with some minimum training. *Are there some bad foster parents out there? Yes, there are. If we find out about them, they are removed and we will never use them again. Most of the issues that come to our attention arise from situations where different foster children have been placed together, and one foster child abuses another foster child.*

*I had a case today of a mother who has six children, has drug problems, and not one of her six kids is with her. I don't think anyone can argue whether she needs to keep having more and more children. I don't know if this girl is even 30 years old. Our state legislature needs to look into offering financial incentive for mothers and fathers who have drug problems, and possibly mental health problems, who are coming out of jail and prison programs. They need to offer them a financial incentive to have a vasectomy, or have their tubes tied in a voluntary fashion, so this population of people doesn't continue to have children when they are not in a position to focus on raising children, and their personal issues are still number one in their life. That will be a huge societal and financial benefit in the state. It's a good way to solve some of the long-term problems. We can at least slow down the next generation of these children being born into these drug worlds with single parents not providing for them. A lot of children who are troubled come from parents who have had some issues, too. So you see, it is being a cycle...one that goes on, and on, and on, until we can break it through counseling and through personal and social responsibility. Otherwise, it will continue.*



*Either 3 or 4 out of every 5 of the children in our Children Services cases are related to drug-addicted mothers—  
Scott Powell, Meigs County Juvenile/Probate Judge.*



## Rehabilitation Centers

*We have 4-6 beds available each month, yet we have 30-40 women waiting for those 4-6 beds. Our waiting list of women waiting to get into a treatment program has doubled since last year. The rate of the amount of women who are opioid dependent has increased 5-6 times since last year. There is an epidemic of opioid dependency. We have six times more women addicted to a more severe substance.*

Catherine Chelak is Program Director of the Rural Women's Recovery Program (RWRP) in Athens, Ohio. The typical client in the Program is a woman in her mid thirties, who has had multiple issues with drug use. Ninety percent of the women in the Program have children. Twenty-five percent of their residents are pregnant or have just delivered. Twenty percent of them bring their children into the residence. Seventy percent of the women have lost custody of their children or have a custody suit pending in court.

There is a real motivational aspect about a woman having her children here. The children are very important for these women because they are part of an emotional piece of their life, and when women start to recover, they start to rebound with their children. Women tend to relapse because they are stressed when they go home, and have no idea of how to take care of their children. There is a parenting program here, and the mothers have the opportunity to learn some parenting skills. When they get discharged, they do not have quite the degree of stressors that they would have if they didn't bring their children into the Program.

The children adjust to the Program generally quite well. The mothers are those who have problems because they are now, perhaps for a first time, on a full time basis with their children, parenting their child. The children seem to bloom because there is a lot of stability for them and they sometimes did not have experience with stability in the past. The children who are in residence are under the age of 5, and many of those children would have been living with their mothers throughout their history of abusing drugs, or would have been conceived while their mothers were using. There are many behavior problems with the young children at the Program. They can have some organic issues that are due to the using behaviors of their moms. These children have many "lacks" in their lives. They lack experience with different kinds of behaviors and behavioral definitions. Often they are not fed or clothed or sheltered appropriately. They lack timely medical treatment or dental care. They often lack an emotional sense of what a different kind of life would be, because the only thing they have ever known is being attached to a mother who is using, and who often is not there.

*The consequences are going to be really disastrous. Among the children of drug-addicted mothers I have seen, self-esteem is so low, and they have such a lack of stability in their life, are emotionally distressed, and are very much lost. It's hard to imagine them as healthy adults. We are contributing to a futuristic state where we are going to have a lot of adults in the next 20 years who are suffering because of what happened to them as children. Although some of the women who are coming into treatment have had some history of good health, their children will have almost none. They will never get to the point of being a professional, or having a life without severe behavioral issues or emotional problems. I don't think we've seen this play out yet.*



*Above: I was molested at age of 2. I have been in two abusive relationships. I started using opiates at age of 12. I passed out in front of my daughter. When I lost custody of her and had to sit in a house with all her things and her not there, I shut down completely. It's the worst thing I've ever felt in my life. All that guilt kept me using—Natalie, 30.*



*My mom used to drink a lot when I was little. I was using heroin for the first 6 months of my pregnancy. Once I got in the rehab, my belly started growing—  
Brittany, 20.*



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*My mom was addicted to heroin. She sold me to another family at birth. I have 4 kids. I smoked crack for 17 years. I am the same as my mom—  
Nancy, 34.*





Seth, 3-day-old, experiences drug withdrawal. His mother was using marijuana and heroin during her pregnancy with him.



## Neonatal Abstinence Syndrome

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), the number of drug-exposed infants born each year in the United States ranges from 100,000 to 375,000. *It seems that we are being hit by many, many mothers who are on pain medications to which they become addicted. In order to help the mother, we put her on medication, specifically methadone, suboxone, then we're seeing the babies withdraw from the medicine that the mother has to take.*

Carl R. Backes, D.O., is a Pediatrician/Neonatologist at Kiddie West Pediatric Center in Columbus, Ohio. Neonatal abstinence syndrome occurs when a baby is withdrawing from medication, either because they gave medicine to the baby because she or he was very sick, or because the mother took a medication, a street drug, or a combination. Many times, the situation involves polydrug use. This problem is becoming increasingly serious, especially with opioid medications, such as OxyContin, Percocet, Zinax, etc.

The neonatologists don't know how the baby will be affected. Even when the mother is on a great deal of medication, such as methadone, some babies do fine. In other instances, the mother is on small doses of methadone, and the baby does very poorly and starts showing signs of withdrawal. This process is unpredictable because, as with adults, babies differ in their metabolic rates. The Center assesses the baby after birth by using a scoring system called the Finnegan scoring system, which looks at crying, irritability, fussiness, seizures, loose stools, etc. They assign the baby a score, and if the score is high, they start the baby on methadone or/and morphine.

One issue is how long babies need to be in a hospital. A program at Nationwide Children's Hospital in Columbus, Ohio, allows them to go home, but continues them on medication. Another issue is the risk of having and administering medication at home. The babies and their mothers must have access to physician care. Some of the mothers have Hepatitis C, and the baby is at risk. There is an increased risk of sudden infant death syndrome (SIDS), as well as the risk of repeated hospitalizations.

Normally, the mother is assessed at the social service department of the hospitals, even during pregnancy, and if the mother is an addict, they usually try to get her on drugs like methadone or suboxone. The purpose of this is to attempt to provide care for these mothers prior to delivery. After delivery, the baby is assessed by social services and they determined whether the mother is capable of taking the baby home with her, whether she has relatives, or anyone who has some stability, so they can place the baby with them, and, alternatively, whether they need to go to foster care.

*I'm an advocate for infant bonding, and for the baby to be with the mother whether they are in a prison system or at home. There is an upgraded need for the mothers – a need to get off the drugs, a need for emotional support, work support, any support that we can give them because, obviously, they have reasons for what happened to them as well.*



## Children Services

*About 70% of the children who are coming into agency custody are from parents who are addicted to drugs and whose behavior is making their kids unsafe. Most of our caseload is mothers. In this community the mothers are the primary caretakers. I've been in this field for many years, and I've never seen it quite like this – we are looking at heroin and opioid addicted parents. In this area, the problem is very frightening and shockingly serious.*

Andrea Reik is the Executive Director of Athens County Children Services in Athens, Ohio. Children Services is the agency mandated by each county to look after the safety of children, and to protect children from abuse and neglect. If a parent is doing something deliberately, or not providing proper care, thereby impacting the safety of a child then Children Services is responsible for getting involved and making sure the child is safe. Children Services does not get involved if the parent is merely addicted. They need to have information or an allegation that the drug addiction is causing the child to be unsafe or in a dangerous environment.

*We are seeing children who are born with substances in their system, so that impacts them physically, and developmentally as well. We've had children come in who demonstrate how their parents shoot up, "This is how mom did it." The addiction is number one. Everything is about getting your next fix, your next pills. The care of the child becomes secondary. Shelter, food, clothing, adequate care of the child are not as important, because the main concern is the addiction, the drug that they want. Then poor decisions, such as driving under the influence, putting kids at risk, and domestic violence when there are issues between family members- all of that can impact the kids.*

*We are always mindful that there are negative consequences to removing children from their mothers. The grief, the uncertainty, the unknown. "Where am I going? Does my mom still love me?" The best thing would be for the mom to go into rehabilitation program, so that her kids could remain safely with her. If children are in foster care, there are timelines. The court says, "We have to see progress with the mom in recovery to get the kids back safely within a year." Recovery is challenging, it's a long process. Another good alternative, if kids can't be with their mother, is for us to find a relative who could safely take care of the kid. This is not quite as good as being with the mother, but the child is still with family.*

*There are many families in this country dealing with alcoholism, and the kids in those homes see their parents drunk. Not all of those children come into the custody of a child protection agency. It's not a matter of just seeing mom shoot up. If there are safety issues, we have responsibilities, and a mandate to get involved, and we will. In Ohio, when we first encountered children born addicted to heroin, the automatic response was, "Kids need to come in for care." We don't give that automatic answer anymore. We look at the family situation. Different communities look at these issues differently, based on community standards and tolerance. Therefore, there is inconsistent law enforcement. We think about the safety of the child.*



Cameron, 2, is bouncing from one foster parent to another. His mother is moving between rehabilitation centers, courtrooms and jails.



*My mom was a really bad alcoholic. She tried to commit a suicide a few times. During that time my dad introduced me to marijuana. Then to drinking. Then we all started doing pills together. Eating them. Snorting them. Shooting them up. Money was hard to have. So we started shooting heroin. My mom and dad have been in and out of jail. Now I'm going to jail. And my sister is in foster care. I can't just not talk to my parents. That's my life. Trying to completely change my life is hard—*  
Randy, 18.



## **Addicted Children of Addicted Mothers**

*"How many of you have a mother who had a substance abuse problem?" I asked the 24 adolescents sitting in a drug therapy group at the Bassett House in Athens, Ohio. Twelve of them raised their hands.*

*The phrase I like to hear is "If you keep going into a barber shop long enough, pretty soon you will get a hair cut." The more we are exposed to activities in our life, the more likely we are to begin to engage in those activities because it becomes normal to us. Children who come from alcoholic and addictive homes and who are around that environment have a propensity towards those conditions genetically, and are definitely at higher risk. When the mother is addicted to drugs, this becomes acceptable normal behavior to the child. Children see what is going on, and even though in some place in the back of their mind they know it's not right, it is nevertheless, "normal" in their household. Therefore, they begin to see that as a normal part of life, and they engage in it themselves, as they get older. One or both parents of these children are involved seriously with drugs or heavy alcohol dependence. Ten to twelve percent of the children here are in Children Services custody. We try to keep the kid reunited with his parents as much as possible. In some cases the abuse is so severe that the youth is at risk.*

John Padget is the Program Director of the Bassett House in Athens, Ohio, a residential drug treatment center for girls and boys, 13-18 years of age, who have substance abuse problems and mental health disorders. Currently, the center has 24 adolescents- 8 girls and 16 boys. That's their maximum capacity. They have 16 adolescents on a waiting list, and have seen an increase in the number of females in the last 10 years.

*In Athens County, the problem has gotten bigger as time goes by. We don't necessarily have a larger number of people using drugs and alcohol in this county than we did 10 years ago, but the type of drug use has shifted from alcohol and marijuana to the harder drugs, and in particular pain killers, OxyContin, Vicodine, Percocet, and heroin. We are treating after-the-fact. Certainly, there is not enough prevention. There is never enough money for prevention. There is never enough money for treatment. We all have our priorities. I have a brother who is a truck driver, and he does not care whether there is money for alcohol and drug treatment or not. What he wants is more money for highways and bridges. There is a need for money for different things in this world. The question is – which of the squeaky wheels gets more grease? Unfortunately, the people with drug and alcohol problems get pushed to the side because they are somehow thought of as being inferior people. I am in recovery myself, and I know that we have to change the stigma whereby the world sees addicts as bad people. We have to start getting the world to see them as sick individuals who can be treated. Because of our efforts, some people's lives can be saved. Some kids will grow up to be normal adults, and to be fully functional.*



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The grief, the uncertainty,  
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Reik, Executive Director,  
Children Services.*



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## Incarcerated Addicted Mothers

*When I ask the women at the jail what is the most important thing to them, they always say – “my children.” Two hundred of the two hundred thirty beds in this facility, are occupied by men and women who should be in a treatment facility, not in jail. But unfortunately, we are short on treatment facilities and resources.*

Larry Macoskie is the Program Director of the Drug and Alcohol Intervention Program at Southeastern Regional Jail (SERJ) in Nelsonville, Ohio. He has been delivering substance abuse treatment in Ohio for over 30 years. Seventy to eighty percent of the women are here with drug-related charges. About 75% of them are mothers. *Keeping the moms together with the kids is always a better system. However, not all the incarcerated addicted mothers are given a chance to first go to a rehabilitation center before being sent to jail. They just don't have the money for it. We don't have the resources. The treatment centers are overloaded and cost a great deal of money.*

Appalachian women have a different challenge ahead of them than men have. Women tend to stick with the kids, they tend to have fewer resources available, certainly have a limited amount of freedom, and have family and income issues to deal with, all at the same time. The women's issues in recovery are different from the men's issues. There is a significant amount of domestic violence and battering that goes on with this population of women. In Southeastern Ohio, Appalachian culture has specific roles for women, different from roles in the bigger cities, such as Cincinnati and Cleveland. If you get out of the rural areas, there are more opportunities for individuality, job opportunities, and professional paths to go down. *When you are 18 or 19 years old, you are living down in the holler, and you are female, you are almost a second-class citizen.*

Jeremy Tolson is the Warden of the Southeastern Regional Jail in Nelsonville, Ohio. The substance abuse program for the inmates here, which is a twice-a-week program, is funded by a grant from the local 317 board. Years ago, they were receiving more funding for this program, and the success rate was higher.

*We kind of turned into a detox facility. We have medical staff here and everybody in the building is trained to deal with dope sick inmates and their individual detox, depending on what drug they were using before they got put in jail. As you know, the apple does not fall far from the tree. Many individuals who I've dealt with over the past 12 years at the SERJ are repeat offenders, have drug and alcohol problems, and are living in abusive situations. Their children are now starting to come to our jail. These children will probably be the same in another 10 to 12 years. The drug situation has become far worse in the past 4 years, as compared to when this jail opened 12 years ago. We are going to see a new trend coming in the next 6 to 8 years. It is something we can't predict or forecast, because we are not familiar with it and haven't dealt with it yet.*

LEFT (CLOCKWISE, FROM BOTTOM LEFT):  
April, Angela, Roshayl, and Kellie.



1-13-2010

To Aaron, James, Wesley, Meskle, Johnathon, Tatem  
To Mommy's little angels. I want you to know  
that mommy will never forget you and you  
will always be in my heart forever. I love  
all six of you with all my heart. I'm really  
sorry that things turned out this way. I  
really didn't mean for this to happen to our  
family. Every thing is going to be alright. I  
know I mest every thing up for all of you  
but be strong and hang in there. Its ok my  
little angel's for you to have another family  
They will love you and care for you the  
same as I do. Just because you'll have  
another mommy and daddy doesn't mean  
that me and your daddy don't love you. You  
will ~~always~~ <sup>always</sup> be in our heart and we will  
always love you. So be good stay, strong  
and we will always have each other in are  
hearts. So always remember to love and  
support each other and once again stay  
stong for mommy and daddy. I love you  
all Aaron, James, Wesley, Meskle, Johnathon, Tatem  
Hugs and kisses from Mommy.

*My son was sexually  
assaulted in the  
foster home he is  
in. He is still there—  
April, 27, is a mother  
of six, who lost  
custody of her five  
children, and is  
incarcerated for  
drug-related  
charges in  
Southeastern  
Ohio Regional Jail.*



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