

One Thing To Hold On To

by Christina

I graduated from high school in three years because I was pregnant. I knew that the only way I was going to graduate was to do it early.

I grew up in a very religious family and it was not at all a good thing to have a 17-year-old daughter who was pregnant in high school. They expected me to fail because of that.

I got a job working in the office of a community action agency in the Northeast Kingdom doing admin stuff for Head Start. I would be there for 14 years. I finally came to the realization that even though I was good at that, it wasn't my passion. I felt like I wanted to do something more to make a difference. I explored a few different healthcare careers and settled on becoming a nurse and immediately started on the very long road to do that. I got my associates degree in liberal studies and then my bachelors. Right out of school, I got a job in a long-term care facility where most nurses start out. It was not my thing, so I went to work for a primary care office with two fabulous Dr.'s.

At that time, they were thinking about starting an MAT clinic in their office. They didn't have the time to do it and asked me to do some research to see if that was possible. Up until that point, I was pretty judgmental about that area of healthcare and I can remember thinking,

"Oh God, I did not become a nurse to provide legal substances for illegal behavior."

As I continued to work there, I started having young patients who were pregnant, or who had just had kids coming in with substance use disorders. It was through this process of treating them and having conversations with them that I came to understand that this was a much bigger problem than what I had known it to be. Where we were located in Wells River, it was miles from any easily accessible

treatment. So, we would make referrals for these moms who would go to the initial intake appointment, then come back and keep using because there was no easy access to treatment. The waiting lists were so long, and you have to get people when they are open to treatment. Putting them on a list where they are waiting for 2 months doesn't work.

So, I had a more serious conversation with one of the providers about how to change this. We ended up participating in a series of talks at the Dartmouth Center for Addictions. After several meetings, we started to figure out what it could look like.

After a year's worth of planning, we started offering a MAT program within our primary care office for folks who were already patients within our clinic. This was working well.

One day, out of the blue, a mom called me. She was devastated that her daughter had overdosed and gone to the clinic down at Dartmouth for rehab. Her daughter was supposed to be coming home soon. She was terrified that she would be going back into the exact same situation that she was in when she overdosed. She wasn't a patient, but what could I do. I thought of myself as a mom and decided, *"let's do an intake."*

Part of it was the mom in me that thought, I don't want this to happen to my child and part of it was the understanding that this is a much bigger problem, and we can make treatment more accessible right here in our community. So, we accepted her and did an induction and with that, she became one of our patients.

I did that role for several years before I went back to school and got my master's degree and decided I wanted to be a nurse case manager.

Now I work for home health in the Northeast Kingdom and about half of my clients have a substance use disorder or mental health diagnosis. Through this process, I have come to see the barriers that patients are experiencing trying to get the services they need. I've been to numerous

meetings where addiction is described as a disease, but we don't treat it as a disease. We don't hold people's medications when they are diabetic because they choose not to follow their eating plan. We aren't telling people with high blood pressure who aren't exercising or eating a low salt diet that you have to come in more frequently.

If we are going to call substance abuse disorder a disease, then we really need to start treating people with these diagnoses in the same way we treat all other diseases. I want to be able to advocate for my patients with a substance use disorder in the same way that I can for my other patients.

I think we need to stop looking at addiction as a "character flaw". There are so many people who use because they are dealing with extreme trauma. Their stories are heartbreaking and if we knew them, maybe we would stop making judgments about who's worthy of treatment.

My job is to provide consistency in a non-judgmental way and help woman find one thing that they can hold on to and that gives them strength.

For me, I am going back to school to become a Psychiatric Nurse Practitioner so that I can provide the assistance my patients deserve.