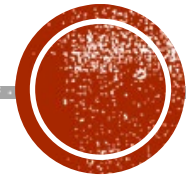
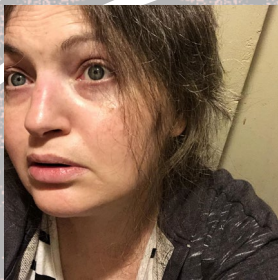


PREGNANT AND PARENTING PEOPLE WHO USE DRUGS (PPPWUD)

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(RE)FRAMING THE ISSUE

- Who are PPPWUD?
 - Special Population???
- We all love our children; we all want the best for them
 - “Good Mother” discourse¹





INTERSECTIONAL STIGMA

- Intersections of race, ethnicity, class, sexual orientation, gender identity, and location (rural) ²⁻³
 - Latinx & Indigenous PPPWUD less likely to receive adequate prenatal care ⁴
 - Non-Latinx Black (4x) & Latinx (5x) PPPWUD more likely to be screened for drug use ⁵
 - Black & Latinx pregnant people diagnosed with an OUD less likely to receive medication in year prior to delivery ⁶
 - Among PPPWUD receiving methadone, Black & Latinx had a lower mean methadone dose at delivery ⁷
- Intersections of type of drug use, reasons for drug use, intervention stigma ⁷⁻⁸



STIGMA & CARE ENGAGEMENT

- Primary barrier to accessing & engaging in care across all systems⁹⁻¹²
- PPPWUD experiences of stigma & stigmatizing beliefs, attitudes & behaviors of providers well documented in qualitative literature^{4-6, 13}
 - Who is included and how they are included matter
- Few or no quantitative measures exist specific to PPPWUD

CONTINUUM OF COMPLEX CARE



- Reproductive healthcare, SUD treatment, social & judicial services^{3,7}
- Services designed for either adults or children when dyadic approach is best practice¹⁴
- Many not designed for PPPWUD⁹⁻¹¹
 - Professionals with no training or interest
 - Little to no awareness of competing needs & mandates
- Many harm reduction spaces do not provide services or support for PPPWUD^{2, 15, 16}
- Integrated care & wraparound services can be effective but limited resources/access¹⁷⁻²⁰
 - Ignores PPPWUD who don't need or want inpatient or abstinence-based recovery



- Criminalization of pregnancy/parenting
 - Punitive policies increasing since early 1990's¹⁶
 - States with punitive policies have worse outcomes than those with supportive or even mixed policies⁹
 - Supportive policies are not effective in practice & have implementation challenges^{10, 21, 22}
- Overdose deaths during perinatal period^{4, 23}
- Fear of losing your child is not separate from stigma but a form of structural violence





WHAT IS NEEDED

- Re/framing & new frameworks
 - Reproductive Harm Reduction
- Growing evidence for health-related stigma reduction²⁴⁻²⁶
 - Perinatal drug use not included
- Best practice^{5, 6, 25, 27, 28}
 - Include those directly impacted in design & delivery
 - Address structural components alongside bias training/education
- Community driven approaches to research²⁹

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