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An In-Depth Analysis of Structural Barriers to Recovery and Rehabilitation for Drug Use Among Black Mothers

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ABSTRACT

Drug use (DU) during pregnancy and postpartum is a pressing public health issue among Black mothers. A CDC report found that non-Hispanic (NH) Blacks had the highest prevalence of prescription opioid use (OU) during pregnancy compared to other racial and ethnic groups. There is mounting evidence of the adverse effects of undiagnosed DU. While DU is treatable, the lack of access to treatment and other social determinants of health (SDH) creates a reinforcing loop that hinders Black mothers from seeking treatment care, fearing the removal of their children and criminalization. The need for theory-driven research to understand the complexities of DU among Black mothers cannot be overstated. In this review, we use Bronfenbrenner's socioecological systems theory as a framework (SEM), integrating an intersectionality lens and SDH to show how race-based societal norms breed discriminatory practices and policies, making it highly challenging for Black mothers to recover and rehabilitate.

Keywords: Black mothers, drug use, maternal health, opioid use, pregnancy

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INTRODUCTION

The recent surge in opioid overdose deaths has alarmingly overlooked Black women. A recent study examining drug overdose between 2015 and 2021 found that Black women between 15 and 64 years of age experienced a 193% increase in deaths from 1725 to 5060 (Harris & Mandell, 2023). Similarly, Barsh and colleagues (2024) found that in a national sample of opioid misuse, Black women reported a 3.98% increase compared to the national sample of 3.7% in 2019. These effects were most pronounced among Black women earning more than \$75,000 per year, compared to those earning less than \$20,000 per year, with a 3.84% increase (Barsh et al., 2024). Yet, morbidity and mortality related to drug use (DU) is often under examined in racial and ethnic minority populations, in particular, Black women and mothers.

Gender inequities are deeply rooted in practices, beliefs, systems, and policies in our society. Through intersectionality, we understand how social identities related to race, gender, sexuality, socioeconomic class, and other factors intersect and interact within systems of power that are known to oppress (Crenshaw, 1991) Intersectionality alone influences DU (Biello & Hughto, 2021) Access to services, resources, and healthcare is crucial for Black mothers to recover and rehabilitate. Social determinants of health (SDH) disparities, like housing and food insecurity, add yet another layer of complexity to the challenges faced by Black mothers who use drugs. For example, data shows that public housing often pushes away mothers who are suspected of using drugs (Curtis et al., 2013). Public housing primarily serves women from racial and ethnic minority backgrounds. Prohibiting this key resource can be detrimental to Black women who are in the recovery process. To exacerbate the situation, most non-Hispanic Blacks do not have access to drug treatment in their communities, further compounding risky use, dependence, addiction, and crisis (Cummings et al., 2016; Stein et al., 2018).

However, it is concerning that research has not yet delved into how policies and program regulations continue to criminalize Black mothers, making it exceedingly challenging to recover and rehabilitate from DU. Our study will provide a comprehensive model for understanding the complexities of DU among Black mothers. The overall goal is to provide theory-driven research to explain how SDH influences health-seeking behaviors at all levels of the sociological model (SEM) when intersectionality is introduced.

In this review, we employ an intersectional lens to demonstrate that racism, sexism, classism, and other social identities are not independent or unidimensional from one another, but rather multiple and intersecting at every level of SEM. These intersections are compounded when SDHs are not available

or accessible due to punitive program regulations. These various frameworks collectively help explain the risk of DU and how they contribute to poor health-seeking behaviors among Black mothers.

METHODS

To understand the connection between intersectionality, SDH, and SEM, we will use SEM as our primary conceptual framework and embed SDH and intersectionality perspectives. Employing Bronfenbrenner's socioecological framework enables the consideration of individual, community, and societal factors, and welcomes their interconnections (Jalali et al., 2020). SEM consists of the macro-level, exo-level, meso-level, and micro-level, all of which fit into the broader chrono-system (Bronfenbrenner, 1979). The macro-level includes policies and their impact on individuals. The exo-level encompasses social and societal norms that influence how community and social environments operate (Bronfenbrenner, 1979). The meso-level explains how organizations influence the implementation of policies, program regulations, and practices, as well as which ones get funded or not (Bronfenbrenner, 1979). Next, the micro-level includes interactions between all the other levels and their impact on the individual (Bronfenbrenner, 1979). Lastly, the chrono-level encircles the collective influence of all levels within the system, as well as the impact of time and changes within the aforementioned levels and structures on an individual (Bronfenbrenner, 1979). Given the nature of our paper, we will focus solely on the exo, macro, and meso levels to demonstrate how power dynamics and practices within these levels influence recovery and rehabilitation from DU among Black mothers.

The intersectionality framework demonstrates how multiple social identities interact and intersect within systems of power, often at all levels of SEM (Alvidrez et al., 2021; Bowleg, 2012). Through intersectionality, systems of power often create complex health exposures and experiences for marginalized groups. SEM and intersectionality intersect by showing how multiple social identities at the micro level (i.e., race, gender, and SES) interact with the macro level (such as poverty, racism, and sexism) (Bowleg, 2012). The exo-level serves as the intermediary between the macro and micro levels. The exo-level comprises societal norms, values, and attitudes about certain racial and ethnic groups, gender and sexual identity, and SES. These perceptions shape the development of policies at the macro level and the implementation of programs at the meso level. The meso level focuses on access to or lack of SDH, such as housing, food, access to healthcare, resources, and services. Often, the meso level reveals how these organizations function and operate and for whom, which can either facilitate or hinder health outcomes.

Using an intersectionality lens, we understand that social identities are not independent or unidimensional but multiple and intersecting (Crenshaw, 1991; Cuadraz & Uttal, 1999). At every level of SEM, our social identities influence the types of lived experiences, access (or lack thereof), and opportunities we will have. For example, at the meso level, one's experiences navigating SDH are influenced by one's intersectional identities and mitigated by access (or lack thereof) to services, resources, and opportunities. SDH are social, economic, physical, and environmental or non-medical factors embedded in the fabric of society that perpetuate systemic racism, sexism, and classism (Solar & Irwin, 2010; WHO, 2008). They create the conditions under which people are born, play, live, work, and age (WHO, 2008). These conditions shape the type of access, opportunities, and resources individuals will have during a lifetime (Solar & Irwin, 2010). However, using the SDH lens alone is insufficient to understand the role of intersectionality in SEM fully. To fully explain how systems of power and oppression operate at all levels of society for Black mothers, all three frameworks must be combined. This integration helps describe how access (or lack thereof) to SDH, along with program regulations and policies that occur within these systems, negatively impact health-seeking behaviors related to DU among Black women, in particular, Black mothers.

Given the limited research on this topic, careful attention was given to the terminology used to ensure sensitivity, inclusivity, and accuracy in addressing complex systematic issues surrounding DU among Black mothers. The choice of specific terms reflects a deliberate effort to avoid perpetuating stigma or bias in our literature review. Keywords were strategically selected to include the breadth of relevant topics. They included "substance use," "opioid use," "war on drugs," "criminality," "African American or Black mothers," "Women of Color (WOC)," "stigma," "barriers," "fear," and "social determinants of health (SDH)." The search began broadly with the term "substance use," which included substances like opioids. Considering the historical context of the "war on drugs" and its connection to crack cocaine criminalization in Black and Brown communities, the search was refined to focus on WOC.

Further narrowing the scope, emphasis was placed on keywords such as "stigma," "barriers," and "fear" to capture the lived experiences of Black women and mothers. The inclusion of SDH facilitated an exploration of how structural and systemic factors such as housing instability, food insecurity, and limited access to healthcare impact the ability of Black mothers to recover and rehabilitate. Both authors collaborated in screening and selecting articles relevant to our study. Since this paper is at the conceptualization phase, we primarily used case studies, systematic reviews, reports, and some original research articles.

LITERATURE REVIEW

Black women have been negatively and inequitably impacted by drug policies in various ways (Chuang et al., 2013; Cohen et al., 2022; Ellsworth et al., 2010). The SEM, intersectionality, and SDH provide a comprehensive framework for understanding the complexities of DU among Black mothers. This comprehensive framework explains how racist social and societal norms, which perpetuate negative race-based attitudes, biases, stereotypes, and prejudices, as well as practices of various program regulations and policies, disproportionately impact Black mothers. To begin our understanding of DU among Black mothers, we must first explain how the exo- level is influenced by external factors such as community and social influences. These social and societal norms, deeply ingrained in our society, seep into program regulations, practices, and policies, which result in disparate outcomes for Black mothers who are trying to recover and rehabilitate.

Exo- Level

The exo-level influences external factors such as community and social influences. This includes social and societal norms like negative race-based attitudes, biases, stereotypes, and prejudices. Such norms and biases that are projected against the Black community include being seen as aggressive, intimidating, lazy, feebleminded, criminalistic, diseased, and dirty (Alexander & West, 2012; Brooks, 2015). Black women have been labeled as mammy (submissive and obedient), sapphire (loud, defiant, disruptive), the Black matriarch (enabling caretakers), as hypersexual, which leads to stereotypes of Black women as Jezebel, and the most notable stereotype related to this issue is the welfare queen (Brooks, 2015). This stereotype is aimed at attacking Black motherhood, suggesting that they are unfit, especially if they are unwed, as they rely on government assistance to care for their child(ren) (Alexander & West, 2012; Brooks, 2015). Meanwhile, individuals from the dominant white culture are viewed as heroes, innocent, the standard, and pure (Brooks, 2015).

The aforementioned stereotypes have influenced the control and subjugation of Black women's bodies throughout history through violence, exploitation, experimentation, and disempowerment (Prather et al., 2018). Using an intersectional lens, we understand that being part of two disadvantaged social identities makes Black women invisible relative to White women (Billups (Billups et al., 2022; Sesko & Biernat, 2010). Yet, the over-surveillance and exploitation of Black women's bodies have led to hypervisibility. Hypervisibility within society has shaped the establishment of policies and program regulations. For example, Randall (1995) and Prather (1998) discussed the denial of social services among Black women if they did not undergo sterilization (Prather et al.,

2018; Randall, 1995). There is a long history of sterilization laws that are rooted in eugenics (Brooks, 2015). Examples of this type of legislation include the Model Eugenical Sterilization Law of 1914, Eugenical Sterilization Act of 1924, Eugenical Sterilization Law of 1957, and the Parental and Family Responsibility Act of 1992 (Brooks, 2015). All of which are rooted in the stereotypes mentioned here that illustrate the polar contrast between how Black (and other marginalized WOC) and the dominant group are perceived in society.

Hypervisibility was also seen during the crack cocaine epidemic in the 1980s as Black women, including mothers, were targeted for using drugs. Black women were derogatorily referred to as "welfare queens," and those using substances were referred to as "crack whores" (Roberts (Roberts, 1990; Shlafer et al., 2022). Children born to Black mothers were labeled "crack babies" (Roberts, 1990; Shlafer et al., 2022). This racist rhetoric vilified them in society through race-based biases perpetuated in social and societal norms at the exo level that permeated through punitive program regulations, practices, and policies at both the macro and micro levels. For example, Black women are more likely to be screened for drug use during pregnancy and receive harsher punishment for using drugs during the perinatal period (Harp (Harp & Bunting, 2020; Jarlenski et al., 2023; Mohapatra, 2011; Roberts, 2008). The stigmas and stereotypes projected against Black mothers who may, or may not use drugs (e.g., researchers found the rate of positive drug screenings among Black infants was lower than other races), thus deeming them as unfit for motherhood (Ellsworth et al., 2010). These racial biases have led to the criminalization of Black mothers and the overrepresentation of Black children in the child protective system (CPS) (Font (Font et al., 2012; Williams-Butler, 2023). While there is no standardized pre-neonatal drug testing screening process, certain factors are considered when determining the need for screening. These factors include a lack of prenatal care or late entry into prenatal care during the third trimester, a history of substance abuse or involvement with Child Protective Services (CPS), signs or symptoms of infant drug withdrawal, consistent substance use by the mother, and childbirth in a public hospital (Harp & Bunting, 2020). The lack of standardized drug screening allows providers to decide whether to screen or not a pregnant woman for drug use (Adams, 2013; Byrd et al., 1999; Chasnoff et al., 1990). This variability introduces biases and discriminatory practices.

Research shows that those targeted for drug screening are often low-income Black mothers who lack SDH access to housing, healthcare, employment, food, and transportation in their communities (Fluke et al., 2011; Semega et al., 2017). Black mothers have no other option than to seek care from federally funded clinics and hospitals, subjecting them to greater surveillance and reporting (Semega et al., 2017). The over-surveillance of Black women's bodies has contributed to the high incarceration rates compared to other racial and ethnic groups (Carson & Kluckow, 2022). Recent studies show that those being

incarcerated are Black single mothers who are the primary caregivers for their children (Roberts & Pies, 2011). DU and criminal involvement increase after the loss of custody (Harp & Oser, 2018).

Punitive practices and policies arise from societal perceptions of Black women and mothers. As a result, Black mothers often avoid seeking prenatal care or drug treatment out of fear of losing custody of their children and facing incarceration. This racist rhetoric is how government policies have shaped history for the Black community in the United States.

Macro Level

The macro-level influences policy and government. Policies regarding substance use have created stigma and negative race-based stereotypes against people of color (POC), which have led to the criminalization of these populations. Historically, policies related to drug control, like "stop-and-frisk" and "War on Drugs," have heavily impacted Black and other racial and ethnic minority groups (Sonia Mendoza et al., 2019). Through these policies, Black people were portrayed as drug traffickers, while white people were seen as innocent people who needed treatment (Alexander & West, 2012; Cobbina, 2008; S. Mendoza et al., 2019).

The 1980s have been termed the crack epidemic, which is an era known to have plagued the Black community (Alexander & West, 2012; Cobbina, 2008; S. Mendoza et al., 2019). This era led to the policies mentioned earlier, as well as the presumption that crack cocaine was a drug primarily used and sold in poor Black (Alexander & West, 2012; Cobbina, 2008; S. Mendoza et al., 2019). It led to over-policing of predominantly Black neighborhoods and, thus, racial profiling of Black men and women (Alexander & West, 2012). Racial profiling is rooted in racism, and policies such as "stop-and-frisk" justify such profiling. During the crack epidemic and beyond, there were countless examples of POC who were targets of "stop and frisk," and those who were found to have possession of a substance like crack cocaine received harsher sentencing (Alexander & West, 2012). For example, in her book *The New Jim Crow* (2012), Michelle Alexander provides the story of Edward Clary. Clary, a Black man, was racially profiled based on how he looked, and crack cocaine was found in his possession (Alexander & West, 2012). The possession of crack cocaine is punishable more harshly than a conviction for the possession of powdered cocaine, even when the quantity of powdered cocaine is higher than that of crack cocaine (Alexander & West, 2012). Even without a conviction, a charge can have a negative impact on an individual seeking various social services (Cohen et al., 2022). In 2020, Black people made up 24% of drug arrests in the U.S., even though Black people make up only 12% of the U.S. population (Cohen et al., 2022).

These policies often result in fear and stigma, which act as a deterrent for

Black communities, preventing them from accessing life-saving resources (Khatri (Khatri et al., 2023; Merrill et al., 2002; Scott & Wahl, 2011). Eliminating or reforming the current criminal punishment system that targets Black communities explicitly is critical in engaging Black mothers in screening and treatment for substance use. Failure to do so can result in more morbidity and mortality related to DU.

Meso Level

When considering DU among Black mothers from a systems perspective, it is important to examine the effects of this problem at each level of SEM, as well as the social and structural determinants as they are connected to this issue. At the meso level, lack of SDH like housing, healthcare, transportation, food, and other factors contribute to DU (Bawor (Bawor et al., 2015; Campbell et al., 2018; Parlier-Ahmad et al., 2021; Parlier-Ahmad et al., 2022). Sharkey (2013) found that Black families are more likely to live in high poverty neighborhoods that are underresourced when compared to white families (Sharkey, 2013). These neighborhoods often follow patterns of racial segregation, which stems from redlining (Aaronson et al., 2021; Bailey et al., 2021; Boyd et al., 2020; Butler & Grabinsky, 2020; Howe et al., 2022). These areas are known to be deprived of economic resources, including amenities such as high-quality healthcare, grocery stores, schools, and parks (Dawes, 2020). Many historically Black communities lack the core services and resources needed to recover and rehabilitate from DU.

For example, limited access to treatment options, disparities in public versus private insurance coverage, and logistical barriers like lack of transportation to treatment centers all contribute to Black mothers ability to recover and rehabilitate (Gondre-Lewis et al., 2023; Tait & Chibnall, 2014). To compound DU even further, public housing and the Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF) create systemic barriers that hinder efforts to recover and rehabilitate from DU.

Specifically, public housing authorities have program regulations that prohibit tenants with a history of drug use or suspected drug-related activity (Justice, 1989). These regulations allow public housing to evict tenants if they or their guests are suspected of using or selling drugs, even if the activities occur outside their homes (Silva, 2015). These program regulations have heightened surveillance and displacement of low-income Black tenants, particularly Black women (Graetz et al., 2023; Hepburn et al., 2020; Rao et al., 2023). Black mothers have the highest eviction rates nationally compared to any other racial and ethnic group and gender (Graetz (Graetz et al., 2023; Hepburn et al., 2020). Housing is a key SDH that is needed to recover and rehabilitate from DU (Mericle et al., 2022).

These punitive program regulations are also seen in food safety net

programs. For instance, SNAP/TANF is restricted to people with a drug felony (Wilcox et al., 2002). Each state can modify the SNAP/TANF ban (Mohan & Lower-Basch, 2014). In most states, a positive drug test can temporarily suspend or permanently disqualify an individual from receiving SNAP/TANF benefits or require them to undergo abstinence-based treatment (Dong et al., 2018). Zero-tolerance policies share standard features such as drug testing, mandatory drug treatment, and parole compliance (Mohan & Lower-Basch, 2014). Research consistently shows that these zero-tolerance bans disproportionately affect the Black community and other racial and ethnic groups (Carson & Kluckow, 2022).

Availability and access to resources and services are crucial to reducing and preventing DU among Black mothers. Time and time again, research has shown that restricting services and resources does not deter crime and, instead, amplifies adversity in Black communities (Deshpande & Mueller-Smith, 2022). Lifting social services bans could be instrumental in engaging Black mothers who are using drugs in treatment and rehabilitation.

RESULTS AND DISCUSSION

Using the SEM, intersectionality, and SDH frameworks, we presented a comprehensive model demonstrating how race-based societal norms generate discriminatory practices and policies in DU. These discriminatory practices permeate policies at the macro or societal level and influence program regulations and availability at the meso level to make rehabilitation and recovery nearly impossible for Black mothers. Through this literature review, we have demonstrated that drug policies have disproportionately disempowered Black communities at all levels of SEM. The design of policies and program regulations intended to aid in recovery, rehabilitation, and treatment for DU is proving ineffective. Current program regulations lack a nuanced understanding of how past and present policies have adversely affected the Black community, particularly Black mothers. Drug treatment initiatives must adopt a more comprehensive, historically informed approach that acknowledges the lasting impact of the "war on drugs" on Black communities. Rather than promoting effective harm reduction strategies, many programs continue to rely on abstinence-only models that overlook the structural and historical context of substance use. Meaningful policy change is urgently needed to utilize these frameworks in pursuit of equitable, evidence-based practices that center on the lived experiences of those most affected. Without such reforms, treatment programs will continue to perpetuate the very inequities they should be dismantling.

To address DU, we need different types of interventions at all levels of SEM. At the exo level, we need to address societal perceptions and views of people who use drugs (PWUD). Addiction is a brain disease that is treatable (Uhl

& Grow, 2004). Like a chronic disease, substance use can be treated with behavioral interventions and medications (Saitz et al., 2008). What makes recovery and rehabilitation complicated are social and societal norms about substance use, such as that people are supposed to have willpower and self-control. Addiction stigma is compounded by race and gender. Black mothers often experience intersecting forms of stigma over their racial and ethnic composition, gender and sexuality, socioeconomic background, and motherhood status (Barnett et al., 2022; Khatri et al., 2023; Lee & Boeri, 2017). Through intersectionality, we know that social identities are not independent but multiple and intersecting (Crenshaw, 1991; Cuadraz & Uttal, 1999). These intersections create different types of oppression that can magnify and intensify one another, thus creating a more severe disease status (Khatri et al., 2023).

Discrimination and implicit bias must be addressed in healthcare, as well as the stigma related to anti-Black sentiments and addiction in our society, in order to engage Black mothers in treatment and recovery efforts (Aronowitz & Meisel, 2022; Kennedy & Leonard, 2001).

At the macro level, we can start by treating drug use as a public health issue rather than criminalizing it. Removing criminal penalties for drug use and possession can decrease the number of arrests, convictions, and incarcerations (Bratberg et al., 2023; Volkow, 2021). To achieve this level of reform, we must recognize that drug decriminalization is perhaps the most effective harm-reduction strategy. In Portugal, drug decriminalization has rendered significant reductions in overdose (Slade, 2021). The key to this drug reform has been investing in preventive efforts, such as harm reduction services. Research has consistently shown that harm reduction services can reduce overdoses and are the most cost-effective approach to treating substance use (Chhatwal et al., 2023; Coffin & Sullivan, 2013; Keane et al., 2018; Laroche et al., 2018; Sordo et al., 2017; Wakeman et al., 2020).

In the United States, Oregon became the first state to decriminalize drug possession through the Drug Addiction Treatment and Recovery Act, known as Measure 110 (Russoniello et al., 2023). Part of this initiative was to reduce the severity of small quantities of drug possession from a potential arrest, conviction, and incarceration to a \$100 citation (Russoniello et al., 2023). The court can dismiss the citation if the individual completes a health screening or accesses treatment within 45 days of receiving the citation (Russoniello et al., 2023). Preliminary data indicate that the average monthly arrests for possession of controlled substances (PCS) have continued to decline since Measure 110 was implemented in Oregon (Russoniello et al., 2023).

Additionally, harm reduction approaches like syringe exchange programs, access to naloxone, buprenorphine, vivitrol, and methadone, along with street outreach, have proven to be both life-saving and cost-effective. Syringe exchange programs have been shown to reduce drug use and transmission of

diseases (Bernard et al., 2017; Kidorf et al., 2011; Strathdee et al., 1999).

Medication-Assisted Treatment (MAT) also stabilizes and engages PWUD in treatment (Larochelle et al., 2018; Mancher, 2019). Combining syringe exchange programs with MAT can be more effective and cost-efficient, potentially leading to better outcomes (Jakubowski et al., 2023; Kidorf et al., 2011; Wilson et al., 2015).

At the meso level, eliminating outdated restrictions based on drug-related activity or suspected activity is urgently needed, as those frequently targeted for drug offenses are often racialized minority groups. The Housing and Urban Development Department (HUD) proposes an amendment to revise existing program regulations. This amendment allows applicants with a history of criminal activity, as well as those who have faced eviction or termination due to DU, to be eligible for admission and re-admission (HUD, 2024). The amendment specifies that "assisted owners cannot make decisions based on criminal history that research indicates is not predictive of future criminal activity" (HUD, 2024). It further states that prospective tenants have up to 15 days to dispute a criminal record before making an admission decision (HUD, 2024). In addition, a "fact-specific and individualized assessment" is requested when denying a prospective tenant their application (HUD, 2024). By implementing comprehensive practices, HUD can alleviate housing insecurity faced by Black mothers, in particular, those in the recovery process.

Similar policies are being proposed for SNAP and TANF. Both of these programs are essential in helping people meet their basic needs. A study found that public assistance programs reduce recidivism (Yang et al., 2017). Conversely, when there are bans on SNAP, the likelihood of individuals returning to prison is higher (Tuttle, 2019). Since all members in a household are counted towards eligibility for SNAP and TANF, those with criminal records are not, which can lessen support and resources for families (Sugie, 2012). Being that these safety net programs predominantly help WOC who are single mothers, the ban needs to be lifted (Center, 2023), 2023). By standardizing current program regulations and requiring all states to implement the modified versions of SNAP and TANF, more Black mothers can access these services and resources needed to reduce financial stressors, allowing them to focus on recovery and rehabilitation.

IMPLICATIONS AND LIMITATIONS

It is undeniable that the "war on drugs" specifically targeted Black communities. It led to massive incarceration and the disruption of Black families and communities. What we are seeing now is the aftermath of a dysfunctional and racist criminal punishment system. This literature review has highlighted

how societal perceptions of Black mothers influence the policies and program regulations seen in social services and child welfare systems. These systems are intertwined with the criminal punishment system, and their intersections have compounding effects on the health and overall well-being of Black mothers and their children. These systems alone can act as risk factors for DU and can influence recovery and rehabilitation for Black mothers. More robust research is needed to explore how system-level factors influence substance use and health-seeking behaviors among Black mothers.

Further research is necessary to examine various forms of stigma and substance use among Black mothers, both with and without children. Additionally, there is a need to explore how discrimination and historical maltreatment in healthcare may deter Black communities from seeking substance use treatment. Lived experiences with current systems could potentially contribute to poor health-seeking behaviors related to harm reduction, treatment, and recovery.

Although a literature review helps us synthesize information, there are several limitations. Selection bias arises from the choice of research topics and the themes extracted from the literature. The selected articles may only partially represent part of the body of evidence. This

process introduces publication bias automatically, as statistically significant studies are more likely to be published (Drucker et al., 2016). This results in reporting bias, as there is a bias in the data that is published (Haddaway et al., 2020).

CONCLUSIONS

To begin understanding DU among Black mothers, we must first acknowledge how deeply ingrained racist and discriminatory societal norms are embedded in the creation of policies and program regulations for substance use. These drug policies and program regulations were not designed to reduce harm but to promote abstinence-only approaches, with severe punishments for non-compliance. When intersectionality is considered by incorporating race, ethnicity, gender, sexual identity, socioeconomic status, and other identities, it becomes evident that these factors alone exacerbate DU from a socioecological perspective. Restrictions on SDH safety net programs further compound these challenges. To truly serve Black mothers who are using drugs, a more comprehensive approach is needed. One that protects them while providing key services and treatment, including the crucial need for fair access to SDH services and resources. To effectively support Black mothers, it is vital to actively engage them in developing interventions tailored to their unique needs and lived experiences. This collaborative approach can ensure that programs consider the structural and historical context of substance use and are relevant and sustainable

to their DU needs.

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