**REPRODUCTIVE JUSTICE & HARM REDUCTION**

Sister Song defines reproductive justice as “the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.”¹

An emphasis on “safe and healthy environments” for raising children encompasses access to clean air, water, and safe and healthy food as well as health care, housing, education, employment, and other social determinants of health.²

Reproductive justice involves a “rededication to radical politics,” shifting from the narrower focus on legal access and individual choice to broader analysis of racial, economic, cultural, and structural constraints on power.³

Access to health care is therefore defined not just in terms of a “right to choose” contraception or abortion, but as a matter of the general affordability, availability, and cultural appropriateness of a wide range of health services for families.²

There is an urgent need to further integrate principles of reproductive justice within harm reduction interventions, because it brings attention to:

- PWUD have higher rates of unintended pregnancy, pregnancy-related mortality, and lower rates of contraceptive use when compared with the general population.⁴
- Stigma driven by the criminalization and stigmatization of pregnant PWUD undermines service provision and family support for these populations and exacerbates health disparities.⁵
- Opioid use and associated overdoses have increased across gender demographics, including among pregnant women.⁶, ⁷
- About 20% of individuals take prescription opioids while pregnant, and women experience unique vulnerabilities for opioid addiction due to higher prevalence of chronic pain and provider tendencies to prescribe higher doses to women.⁶, ⁸
- Pregnant individuals who use illicit substances tend to decrease their substance use during pregnancy.⁹
Research and practice frequently overlook maternal health outcomes, and deny principles of bodily autonomy associated with a reproductive justice framework.

- Given associations between opioid use during pregnancy, risk for cesarean deliveries, and neonatal respiratory needs, the majority of research and evidence-based interventions that address intersections for maternal health, pregnancy, and opioid use, frequently address risks associated with (illicit) opioid use during fetal development, considering, e.g.: neonatal opioid withdrawal syndrome (NOWS), buprenorphine vs. methadone treatment on fetal outcomes, brain morphology and early childhood development, and universal screenings.6, 10

Engagement with maternal health outcome and bodily autonomy highlights, for example, how dynamics of care may misalign with harm reduction:

- The threat and/or direct involvement of child protective services, especially through mandated reporting, frequently affects the treatment modalities available to pregnant individuals, further limiting considerations for bodily autonomy among individuals with histories of substance use.
- Criminalization of and stigma associated with sex work may increase rates of untested sexually transmitted diseases, further increasing the risk of complications during pregnancy and in neonatal outcomes.11

Reproductive Justice helps frame issues in access and outcomes and responses:

- More men than women are actively receiving treatment for substance use.5
- Many who are pregnant or who care for young children do not seek treatment or drop out of treatment early because they are unable to take care of their children, or fear that authorities will remove children from their care.5
- Involvement of child protective services and/or separation of a parent from their children results in interruptions of childcare, and severe psychological distress for parents and their child/ren.11
- Additional barriers include social stigma, and physical distance/time away from co-parents, family, and other children while in treatment.11
- Pregnant women are more likely to stay in outpatient treatment if these programs provide childcare, parenting classes, and vocational training.12-14
- Consistent medication assisted treatment is associated with a 47% decrease in hospitalization rate and 37-46% decrease in emergency department visits for pregnant individuals with histories of substance use disorder.15
   https://scholarship.law.cornell.edu/cjlp/vol24/iss1/2/ (citing, in part, Sister Song)
   https://muse.jhu.edu/article/530614/summary).