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Intersectional Disparities in Opioid Use Disorder Treatment: Exploring Barriers Faced by Pregnant African-American Women

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Abstract

The opioid epidemic, a pressing global health crisis, poses a significant threat to communities worldwide, with pregnant women being particularly vulnerable due to opioid use. This study hones in on the urgent issue of inadequate treatment of opioid use disorder (OUD) among pregnant African-American women, intending to drive immediate improvements in clinical and public health policies. A comprehensive review of pertinent literature reveals that barriers such as race, stigma, and cost are impeding pregnant women from accessing the necessary medication for OUD. Overcoming these barriers is not just essential but urgent to reduce stigma and improve health outcomes for both mothers and babies. Healthcare providers must prioritize evidence-based care to address OUD in pregnancy and mitigate its adverse effects.

Keywords: *Pregnancy, African American, Opioid Use Disorder, Opioid Use Disorder Treatment*

INTRODUCTION

Opioid use disorder in pregnant women is a severe public health concern in the United States (U.S.). The prevalence of pregnancy-related opioid usage has increased dramatically, posing severe health risks to expectant mothers and their unborn children. However, this alarming trend also presents a powerful opportunity for positive change. Between 2010 and 2017, maternal OUD increased by 131%, and the maternal mortality rate concerning opioids doubled (Kitsantas et al., 2023). African American women are five times less likely to have clinically diagnosed documentation of OUD among those enrolled in Medicaid compared to pregnant or postpartum White women (Roberts et al., 2023). However, those more likely to receive medications for OUD are White women (Miele, 2023). The rising rate of OUD in pregnant women is concerning, but it also calls for a public health approach. By prioritizing access to sufficient treatment for OUD in pregnancy, there will be a significant reduction in complications for both mothers and fetuses.

Opioid use during pregnancy often results in numerous poor outcomes, including overdose, preterm birth, miscarriage, and neonatal abstinence syndrome (NAS) (Patrick et al., 2020; Dixon, 2018). Mothers with OUD have a high risk of having pregnancy-related complications such as preeclampsia, infections, and placental abruptions (American College of Obstetrics and Gynecology (ACOG), 2017). Additionally, acute opioid withdrawal among mothers can cause stillbirth, fetal distress, and premature labor, and OUD is linked to higher healthcare costs, making it imminent for policymakers to introduce interventions aimed at increasing the treatment of opioid use among women (Curran & Manuel, 2024; Saia et al., 2016). The use of opioids by mothers during pregnancy has a significant financial cost (Whiteman et al., 2014). Women with OUD require more comprehensive prenatal care, including frequent monitoring, addiction treatment, and management of co-occurring conditions, which increases overall prenatal costs. Prenatal morbidity and mortality brought on by opioid exposure result in higher healthcare expenses (Whiteman et al., 2014). Effective legislative initiatives are essential to reduce these expenses and enhance outcomes for mothers and babies. These include extending Medicaid coverage, supporting maternal health care, and increasing funding for addiction treatment programs.

While medication-assisted treatment has been shown to reduce the risk of adverse outcomes among pregnant women, racial inequities in the prescribing of medication, cost, and general accessibility leave some women at risk (Patrick et al., 2020; Curran & Manuel, 2024). This paper examined factors influencing the inadequate treatment of opioid use among pregnant African American women to improve clinical and public health policies.

METHODS

This review paper thoroughly analyzes OUD, its treatment, and its impact on pregnancy. The research identifies barriers to accessing appropriate OUD treatment, considering factors such as ethnicity, socioeconomic status, and health insurance. Databases such as Google Scholar and the ACOG were used for data collection. The selection of articles was methodically guided by focused search terms, including

"OUD in pregnancy," "treatment of OUD in pregnant African Americans," and "complications of OUD in pregnant Black women." This meticulous process identified nine pertinent articles published between 2008 and 2023, readily available in full text. These articles offer valuable insights into the barriers encountered by pregnant women about opioid use. The study focuses on pregnant women from diverse ethnic backgrounds in the U.S. This population was chosen to highlight and understand the distinct challenges and barriers they confront when seeking adequate treatment for OUD.

RESULTS

The literature review has uncovered a stark reality: Pregnant African American women face specific and significant barriers in accessing OUD treatment. These barriers include insurance, income level, race, stigmas, and fear of criminal repercussions. For instance, some pregnant African-American women have reported being denied insurance coverage for OUD treatment due to pre-existing conditions. Others have cited the high cost of medications as a significant barrier. The analysis of nine studies confirms that race, stigma, and insufficient insurance are indeed pervasive barriers to adequate care for OUD among pregnant women. These findings leave no room for doubt: policy changes are urgently needed to ensure equitable access to OUD treatment for all pregnant women, regardless of their race or socioeconomic status.

Race

Several studies have underscored the racial disparities in the treatment of OUD among pregnant women. Minority populations, mainly Black and Hispanic women, are less likely to receive medication-assisted therapy compared to White women (Salameh et al., 2019; Schiff et al., 2020). These disparities stem from systemic prejudices, biases among healthcare providers, and differences in healthcare access (Schiff et al., 2020). Addressing these inequities necessitates healthcare policies and procedures sensitive to cultural differences and ensuring fair treatment. Healthcare providers, policymakers, and public health leaders play a pivotal and empowering role in ensuring that these disparities are acknowledged and rectified so that all pregnant women, regardless of their race, have equitable access to the necessary treatment for OUD.

Despite the high efficacy rates of medication-assisted treatment, several studies have uncovered inequities in its use (Kitsantas et al., 2023; Schiff et al., 2020; Austin et al., 2023; Schiff et al., 2022). For instance, a cohort study of 5247 women by Schiff et al. (2020) revealed varying disparities in the use of medications for the treatment of OUD during pregnancy. Factors such as homelessness, living dependency, arrest, source of referral, and treatment duration were all found to influence the likelihood of women receiving medication-assisted treatment. However, Black women were the least likely to receive this treatment in all cases (Kitsantas et al., 2023). Furthermore, it was noted that Black and Hispanic women were more likely to be prescribed methadone, while White non-Hispanic women were prescribed buprenorphine. Buprenorphine is more accessible to patients than methadone, which therefore creates challenges for Black and Hispanic women in accessing medication (Schiff et al., 2020; Austin et al., 2023).

Stigma

Stigma was also identified as a significant barrier to the treatment of OUD among pregnant women. Opioid use, in general, is highly stigmatized, and many women unfortunately do not get screened as a result (Saia et al., 2016). Reddy et al. (2017) state that pregnancy might be the only time OUD can be identified and treated due to a lack of proper screening. However, cultural ideas of motherhood discriminate, alienate, and shame women who struggle with OUD and often label them as bad or unfit parents, leading to poor help-seeking behaviors and internalized stigmas (Dixon, 2018; Crawford et al., 2022). In a secondary qualitative data analysis on the stigmatization of pregnant individuals with OUD conducted using interviews, participants described their interactions with healthcare providers as being characterized by a lack of support, judgmental language, a loss of autonomy, and inexperience related to caring for pregnant women with OUD (Crawford et al., 2022).

Fear of criminal and child welfare consequences leads pregnant women to avoid seeking care and even return to using opioids, further increasing the risk of poor outcomes (Dixon, 2018; Saia et al., 2016; Crawford et al., 2022). Within over thirty states in America, pregnant women can be involuntarily hospitalized for substance use, which is often even more harmful to the recovery process. Furthermore, within the southern U.S., criminal prosecutions of pregnant women suffering from substance use have increased, likely affecting help-seeking behaviors among women with OUD (Dixon, 2018). For African American women, the effects of stigma are compounded further, with this group being ten times more likely to get reported to social services for drug use compared with other groups (Reddy et al., 2017). Mothers who were previously prosecuted for OUD described struggling to obtain legal employment due to their criminal record, causing some to resort to illegal activities in an attempt to support their families (Crawford et al., 2022). Stress related to judgment and stigmas from critical stakeholders such as child protection services, the criminal justice system, and healthcare providers can be detrimental to the health of pregnant women with OUD, and some have identified this stigma and judgment as the cause of their relapse (Crawford et al., 2022).

Insurance and Cost

The literature identifies insurance as another barrier to the treatment of OUD in pregnant women. Most pregnant women with OUD rely on public insurance programs such

as Medicaid (Patrick et al., 2012). The Affordable Care Act mandates that state Medicaid programs provide substance use disorder treatment coverage among their expanded Medicaid population while granting states discretion over which specific services qualify for reimbursement (Grogan et al., 2016). Thus, insurance coverage for OUD treatment among pregnant women varies across different states. A study by Hand et al. (2017) reports that 20 states nationwide do not provide coverage for methadone maintenance under Medicaid formularies. Additionally, concurrent substance use and socioeconomic factors, such as inadequate insurance coverage in specific communities, have been identified as contributors to the underutilization of medication for OUD treatment in pregnant women (Hand et al., 2017; Schiff et al., 2020).

DISCUSSION

The research conducted by Hand et al. (2017) presents a comprehensive analysis of the variations in substance use, therapy, and demographic characteristics of pregnant women seeking treatment for OUD in the United States. The findings underscore the importance of developing region-specific approaches to address the unique challenges encountered by OUD-positive pregnant women effectively. Notably, the study reveals significantly higher rates of opioid use among pregnant women in the Northeast and the South, emphasizing the need to consider regional disparities in the availability of treatment facilities, healthcare infrastructure, and local socioeconomic factors when delivering OUD therapy.

Recommendations

Patel et al. (2021) highlight the critical need to address the barriers to treating OUD in pregnant women. Educating healthcare professionals and providing comprehensive training can significantly reduce stigma and improve treatment outcomes. This approach increases the likelihood that healthcare professionals will prescribe essential medications like methadone and buprenorphine for treating OUD during pregnancy. Moreover, the study stresses the importance of challenging restrictions, such as the Narcotic Addict Treatment Act of 1974, which limits the prescription of these crucial medications. These restrictions only serve to endanger further pregnant women who are already at risk of the devastating effects of OUD.

Patrick et al. (2017) highlight a need for laws that increase access to care, address the socioeconomic factors that influence health and lead to opiate abuse, and strengthen oversight of the health of expectant mothers and their babies. Reddy et al. (2017) address NAS and its consequences for child outcomes, emphasizing the value of early care and ongoing monitoring for infants born to opioid-dependent mothers. Therefore, public health leaders and mental health advocates must push legislators to repeal or amend existing laws to ensure that pregnant women have access to the OUD treatments they need and improve monitoring and evaluation methods.

Challenges

Addressing the challenges in treating pregnant women with opioid dependence from clinical and research perspectives is crucial (Jones et al., 2008). It is essential to develop specialized treatment methods that consider the well-being of the growing fetus and the mother's addiction. The study emphasizes the importance of integrated treatment plans incorporating social, psychological, and medical support services (Jones et al., 2008). In a scoping review on perinatal OUD, race, and racism, researchers highlighted the overrepresentation of White participants in studies related to perinatal OUD. This overrepresentation led to a lack of diversity in the samples and an insufficient understanding of OUD among pregnant Black women (Schiff et al., 2022). Researchers also found that medical comorbidities can hinder access to proper treatment for OUD among Black women; specifically, pregnant African American women had significantly lower chances of receiving treatment for mental health issues and substance use disorder compared to pregnant Caucasian women (Hand et al., 2017).

Moreover, the review may not fully capture the range of experiences and barriers faced by pregnant African American women seeking treatment for OUD due to the relatively small sample size of the included articles. More research is necessary to understand better how racism influences outcomes of OUD among pregnant Black women and to develop equitable and evidence-based policies. Additionally, more research is needed on the long-term consequences of children exposed to opioids during pregnancy and the effectiveness of different treatment options for expectant mothers. However, the findings and conclusions of the review, which focused on U.S. sources, may not be universally applicable to pregnant women from diverse ethnic backgrounds in other countries. The study's reliance on existing literature may limit the exploration of emerging or undocumented barriers. A comprehensive understanding of potential health conditions, healthcare costs, and outcomes related to OUD among pregnant women can guide the development of more effective policies to address this public health issue.

CONCLUSION

The treatment of OUD in pregnant women requires immediate attention due to its significant negative impact on both maternal and fetal health. Research suggests that inadequate treatment often stems from substandard screening, concurrent medical conditions, lack of insurance coverage, and racial disparities. It is crucial to conduct further investigations to address these obstacles and ensure that pregnant women have fair access to OUD treatment. The barriers identified in treating OUD in expectant mothers highlight the complex nature of this public health crisis. A comprehensive approach incorporating culturally sensitive healthcare practices and significant policy reforms to destigmatize OUD is vital to bridge these gaps. By expanding treatment access and providing support to pregnant women

with OUD, relevant authorities can mitigate the extensive societal and economic repercussions of this epidemic and improve the health outcomes of both mothers and infants.

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