

Breaking Barriers: Stigma, Substance Use, Harm Reduction, and Maternal Health in Rural Communities

Insights from a Patient Navigator at a Syringe Service Program

About Me

Ariel Johnson, a Martinsville/Henry County native and 2009 Bassett High School graduate, began her academic journey at Patrick Henry Community College before transferring to Ivy Tech Community College to earn an associate degree in Human Services with a focus on Addiction Studies. She continued her education at Indiana Wesleyan University, where she obtained both her Bachelor and Master Degrees in Social Work by February 2020, and is also a certified Qualified Mental Health Professional for Adults. Over the past decade, Ariel has dedicated her career to supporting a diverse and underserved population, including individuals with developmental disabilities, mental health issues, substance use disorders, and those affected by domestic violence, sexual assault, and homelessness. This commitment has led her to her current role as Drug User Resource Coordinator at the Virginia Harm Reduction Coalition, where she offers case management and advocacy for those struggling with substance use. Actively engaged in the Martinsville/Henry County community, Ariel volunteers with various organizations such as Youth In Crisis, MHC Warming Center, and the Salvation Army, driven by her passion for advocating for marginalized and stigmatized groups. Outside of her professional life, she is a proud wife to an Army veteran, mother of two, and a fur mom to a delightful yorkie chihuahua mix

Virginia Harm Reduction Coalition

Virginia Harm Reduction Coalition (VHRC) is a 501(c)(3) nonprofit, peer-run organization whose mission is to improve the health of the community it serves by advocating for, developing, and implementing evidence-based solutions to address the adverse effects of drug use. We address health inequities faced by people who use drugs (PWUD) by providing outreach to marginalized, stigmatized, and criminalized populations, advocating for health policies that address their specific needs, and collaborating with other agencies to effectively meet those needs.

What We Do

We address health inequities faced by people who use drugs (PWUD) by providing safer-use supplies and social services to marginalized populations, advocating for health policies that address their specific needs, and collaborating with other agencies to deliver public health services.

NEIGHBORHOOD

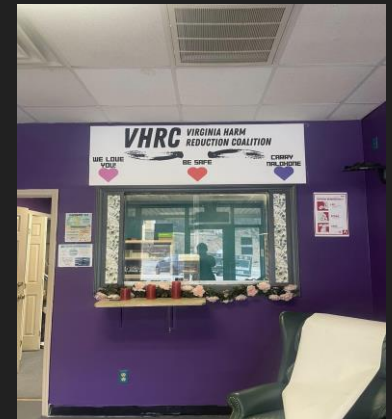


DEALER

VHRC

Why We Do It

No one in our community is disposable. Traditional policies and approaches to substance use have isolated, stigmatized, and criminalized people we love. The result is poorer health outcomes for our community and our country. It's time for a new approach that places value on the individual and focuses on support instead of punishment



Challenges in Rural Harm Reduction Program

- Limited resources and funding for harm reduction.
- Fear of judgment or legal repercussions preventing individuals from seeking help.
- Transportation and geographical barriers.
- Lack of education and misconceptions about harm reduction.



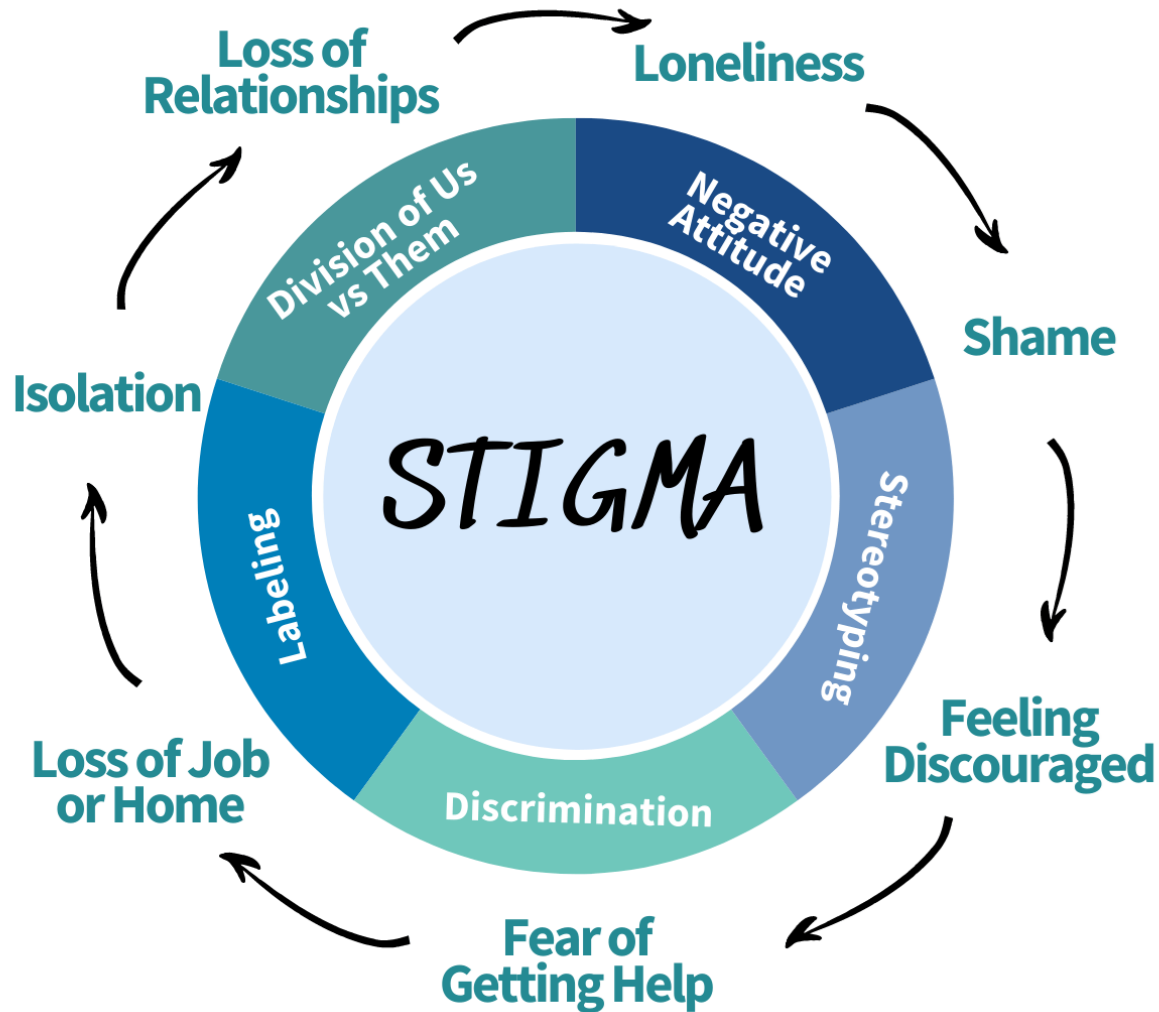
State of Maternal Health

Overview of the maternal health crisis in rural areas:

- Martinsville SOVAH Labor and Delivery closes May 2, 2022
- Danville SOVAH Labor and Delivery halted services as of November 3, 2024
- Carilion Franklin Memorial Hospital closed its obstetric unit in June 2011
- Patrick County's only hospital closed in 2017

Impact on pregnant individuals with substance use disorders.

Fear of legal or CPS involvement.



Patient Navigator: Bridging the Gap

Role in supporting women through pregnancy while addressing stigma and substance use.

Strategies used to build trust and connect clients to care

- Providing nonjudgmental support.
- Collaborating with harm reduction networks.
- Advocating for access to maternal health resources.

13/19/24, 4:43 PM Plan of Safe Care Prenatal - Google Docs

Virginia Harm Reduction Coalition
PLAN OF SAFE POSTNATAL CARE

Name of Mother: _____ Expected Date: _____
Case Managers: _____ Credentials: _____
Case Managers: _____ Credentials: _____

Household Members and Affected Family or Caregivers of the Infant:

Name	Age	Relationship to Infant	Name	Age	Relationship to Infant

Post-Discharge Family Strengths and Goals: (e.g., breastfeeding, housing, smoking cessation, parenting support, recovery)

Strengths	GOALS

Identified Supports: (e.g., stable living environment, family and friends, employment, etc)

When Stigma Drives Fear

Client Background:

- 31-year-old woman experiencing homelessness.
- Intravenous methamphetamine and opioid use.
- Diagnosed with ADHD, PTSD, and Bipolar II Disorder.
- Lost custody of older children to her mother.

Engagement & Initial Support:

- Responded to reports of a pregnant woman sleeping outside and carrying backpacks.
- Established trust through shared experiences, discussing stigma, and offering harm reduction advice.
- Connected client to prenatal care (Dr. Simcox) and initiated enrollment in a methadone program for opioid use disorder.

When Stigma Drives Fear

Challenges:

- Continued methamphetamine use during pregnancy.
- Fear of CPS led to delivery in a hotel room without EMS.
- Struggles with custody restrictions for older children.

Outcome:

- Baby born healthy with low birth weight.
- Client loses custody of the baby and faces difficulties in recovery.

Lessons Learned:

- **Empathy Builds Trust:** Sharing personal experiences can reduce stigma and foster openness.
- **Harm Reduction is Key:** Practical advice on safety and care improves immediate outcomes.
- **Holistic Support is Crucial:** Addressing trauma, substance use, and systemic barriers simultaneously is vital for sustained recovery.

Addressing the Challenges

- Education and training for healthcare providers on harm reduction and stigma-free care.
- Expanding harm reduction services in rural areas.
- Advocacy for reopening or creating accessible maternal health services.
- Building partnerships with community organizations.

Over-Mandated Reporting: Support Over Shame

What is Mandatory Reporting?

- Legal obligation to report suspected child abuse or neglect.
- How it impacts mothers with substance use disorders.

The Problem of Overreporting:

- Fear of losing custody often deters pregnant individuals from seeking medical care.
- Misuse of reporting systems to penalize rather than support.

The Need for Change:

- Shift focus from punitive actions to supportive care.
- Provide education, harm reduction, and access to maternal health services.

The Key Message

Mothers deserve compassion, resources, and dignity—not shame and fear.

What Can We Do?

- Encourage stakeholders to prioritize funding for harm reduction and maternal health.
- Highlight the importance of community education to reduce stigma.
- Suggest policy changes to support pregnant individuals with substance use disorders.