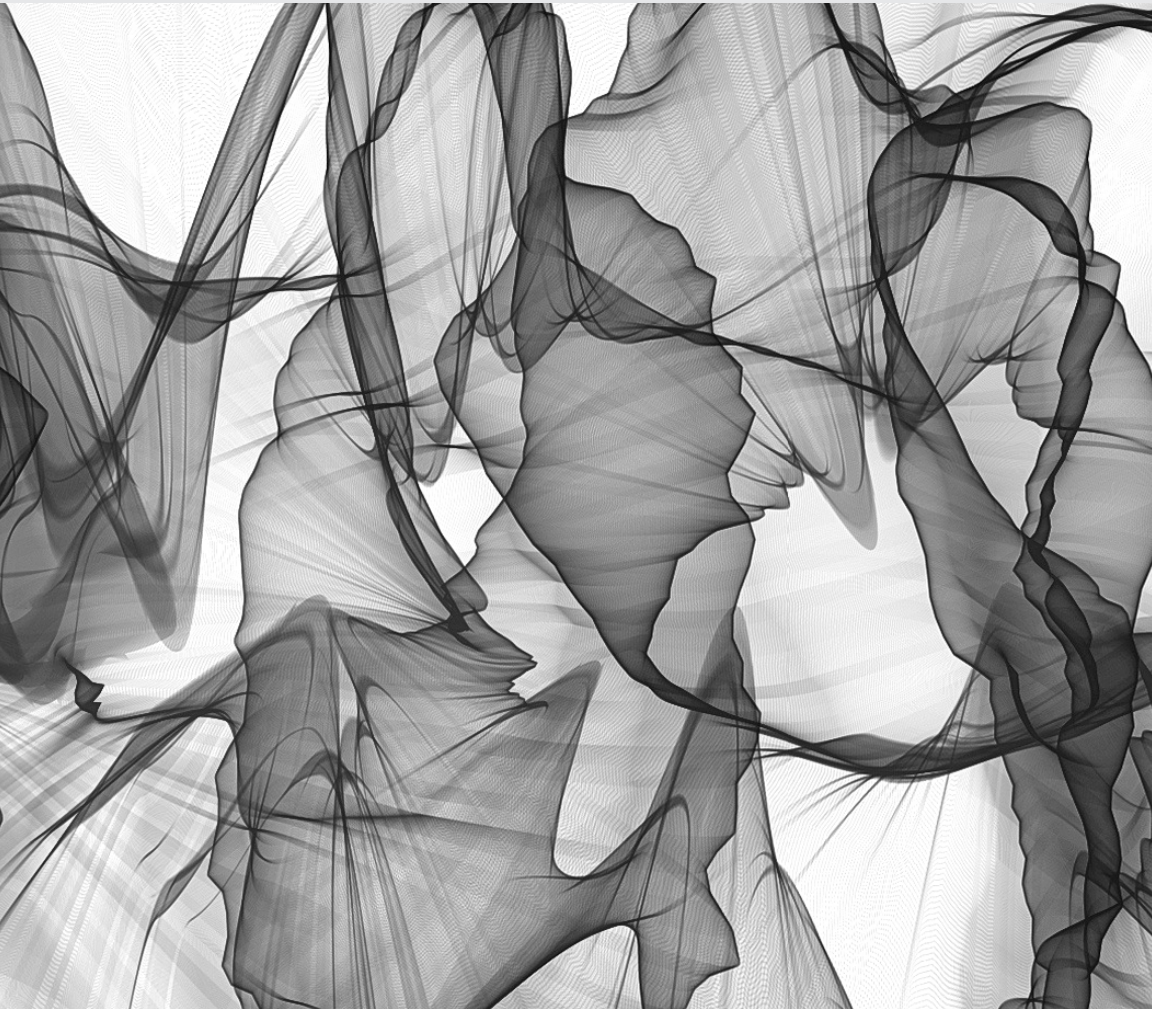


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The Anticarceral Promise of Deregulating Motherhood and Decriminalizing Substance Use

Carceral systems in the United States (US) criminalize individuals who engage in substance use and marginalize them under the guise of public safety. In particular, the US war on drugs has disproportionately affected incarceration rates of economically disadvantaged Black women—a majority of whom are mothers of children under the age of eighteen. Within carceral systems, social workers have dual and fluid roles as both social service providers and compliance managers who enforce the carceral logics that disadvantage Black mothers. This article asserts that social practitioners, especially social workers, should advocate for anticarceral efforts and engage in community-based practices that reduce harm, remove stigma, and replace perceived criminality with dignity.

Introduction

In the United States (US), there is an overreliance on defining people as threatening to public safety, which, in turn, leads to policies that deem penal control and carceral oversight appropriate responses to societal problems. The excessive dependence on carceral systems is grounded in carceral logics that idealize penal interventions to punish individuals labelled as offenders. For instance, “carceral feminism” describes the feminist movement’s attempt to prevent gender violence through increasing penal power and state control over abusive men (Bernstein). Specifically, carceral feminism saw criminalization, law enforcement surveillance, and penalization as necessary responses to curb interpersonal violence against women. This focus, however, did not address state violence against Black women but rather exacerbated it (Whalley and Hackett).

Criminological and feminist scholarship have highlighted the overlap of gendered and racialized oppression in the criminalization of Black women

(Bush-Baskette; Collins; Garcia-Hallett; Harmon and Boppre), but carceral feminist scholars have been less attentive to the increasingly important roles that social workers have played in reinforcing systems of social and penal control (see Leotti; McKim; Pollack; Valenzuela-Vela and Alcázar-Campos). Historically, the field of social work has promoted social justice and advocated for social reform on behalf of disadvantaged individuals, but by working within carceral systems, they have increasingly adopted a culture of control (Garland) that is, in many ways, diametrically opposed to the culture of care the field was founded upon (see Addams). In particular, social workers working with Black mothers with histories of substance use find that their dual and, at times, conflicting roles within carceral systems put them at odds with professionals in the field who remain committed to the original aims of social work. Yet social work is “inevitably involved in the processes of governmentality” (Leotti 450) and is inherently a profession that acts to uphold the status quo by managing risk.

This consciousness-raising article (Petre and Rugg) explores how the role of social workers has risen to the forefront in systems of carceral control. Reviewing the histories of social work policy in the US and more recent policy developments, this article examines how support services created to ameliorate the most detrimental effects of the carceral systems are now being used to extend state surveillance and control of marginalized and criminalized Black mothers, both within systems of incarceration (e.g., jail and prison) and, more poignantly, in court-mandated postrelease programs, such as drug treatment and reentry programming (Carlton; Kim; Valenzuela-Vela and Alcázar-Campos; Whalley and Hackett). In doing so, this article contributes to the social work literature by examining the extended role that social work plays in the carceral state and how social work interventions often clash with a culture of care that prioritizes the best interests of Black mothers and their children. First, this article will discuss the state control and violence of criminalizing mothers’ substance use. More specifically, it will explore how social constructions of motherhood create racialized differences in how Black mothers are viewed and treated by the general public, policymakers, and social agencies and examine how racialized drug policies have allowed state actors to blur the line between substance use and offending to regulate Black motherhood and criminalize Black mothers. Second, using a matricentric framework, this article will investigate how the field of social work perpetuates state surveillance and control of Black mothers battling substance use. We argue that an anticarceral approach promises a more humane response to substance use. However, such an approach depends on community-based resources that actively challenge social workers’ complicity in reinforcing carceral logics that criminalize substance use (Bush-Baskette). This article concludes by suggesting ways to deregulate motherhood and decriminalize

substance use by implementing and supporting anticarceral efforts that are community based and community driven.

State Control and Violence of Criminalizing Mothers' Substance Use

There are 231,000 incarcerated women within systems of incarceration in the US, many of whom (101,000) are incarcerated in local jails (see Prison Policy Initiative). Although the number of incarcerated women in the US remains significantly lower than that of incarcerated men (Carson; Guerino et al.; Harrison and Karberg; Mauer), the number of imprisoned women increased by 832 per cent between 1977 and 2007—an incarceration rate double that of imprisoned men over that same period (Sufrin; see also Prison Policy Initiative). Still, criminological discussions about the war on drugs focus on men, not women, despite the increased presence of women in carceral systems during the late twentieth century. The unexpected surge in women's incarceration during this period was not due to an increase in criminality or an increase in violent crime perpetrated by women (Chesney-Lind and Pasko). Rather, the increase was partly an unintended consequence of the second-wave feminist movement that prioritized gender equality in the 1960s and 1970s and reshaped public responses towards women that were less chivalrous. These policies increasingly labelled women as offenders and were more punitive for nonviolent crimes like drug crimes (Chesney-Lind and Pasko; Steffensmeier et al.). In fact, between 1986 and 2018, the percentage of incarcerated women in state prisons who were convicted of drug crimes increased from 12 to 26 per cent (The Sentencing Project). However, compared to white women, Black women were incarcerated for drug-related crimes at a much greater rate between the mid-1980s and early 2000s (Harmon and Boppre; The Sentencing Project), demonstrating that the increase in women's incarceration at the end of the twentieth century was primarily driven by the incarceration of Black women for drug crimes (Bush-Baskette; Harmon and Boppre). Research also shows that Black women are overrepresented in correctional facilities compared to their presence in the US general population (Bush-Baskette), whereas white women remain underrepresented in jails and prisons compared to their numbers in the same population (Harmon and Boppre). This disproportionate incarceration of Black women and their overrepresentation in carceral systems is an outcome of policies and practices conceived and implemented during this tough-on-crime era (Alexander).

Black Women at the Blurred Line between Substance Use and Offending

Punitive policing policies passed during the War on Drugs were meant to curb drug use and minor drug crimes in Black communities that politicians depicted as being out of control (Bush-Baskette; Harmon and Boppre). Hastily

considered draconian drug legislation passed in the 1980s and 1990s treated drug possession as a crime in itself. Rather than implementing anticarceral community-based services as a safety net for economically disadvantaged individuals who used drugs, the penal logics animating these drug policies fuelled a reliance on carceral settings to respond to substance use (Sufrin). As Beth Richie and Kayla Martensen note, “What is considered a crime is fluid, not static” (13). What was once a nebulous line between substance use and abuse was increasingly defined as “offending,” and the punishment of individuals who used drugs reinforced a culture of control (Garland) in lieu of providing care. As a result, the discretion that social workers once had in providing care to women battling with substance use was increasingly taken out of their hands. Judges also found their discretion removed by the carceral logics behind sentencing guidelines, requiring mandatory minimum sentences for specific drugs and specific amounts of drugs. For example, strict drug policies included longer prison sentences for small amounts of crack cocaine (which is smoked and financially accessible) compared to shorter prison sentences for powdered cocaine (which is snorted, injected, or swallowed). Even though the majority of crack cocaine users are white (Mauer), the harsher punishments for possessing crack cocaine primarily affect Black communities because Black individuals are more likely to be policed and subsequently convicted of possession charges (Alexander; Bush-Baskette; Hansen and Roberts; McKim).

Black women are at the intersection of two marginalized groups and are systematically oppressed because of their racial background and gender. In a racialized society, Black women are more likely than their white counterparts to be policed, prosecuted, and punished with incarceration (Bush-Baskette; Carson; Ritchie; The Sentencing Project), rendering them targets and victims of punitive drug policies. In fact, by the end of the twentieth century, the increase of Black women incarcerated for drug offenses in US state prisons was double the increase of Black men and more than triple the increase of white women (Mauer; Mauer and Huling; Sabol et al.). Approximately 1.2 million women are under the supervision of US jails, prisons, and probation or parole agencies (The Sentencing Project), a majority of whom are women of colour (Black and Latinx) with histories of substance use (Frost et al.; Sufrin). Furthermore, in a patriarchal society, Black women are exploited as labourers under neoliberal practices that expose them to extraordinary levels of state intervention—primarily during their prime fertile years when they are most susceptible to state control and regulation of their motherhood (Sufrin).

Socially Constructing Motherhood and Regulating Black Motherhood

The increase in incarceration rates of Black women during the war on drugs is partially due to the intersection of gendered expectations of women, racialized constructions of what motherhood should (or should not) entail, and the regulation of Black motherhood. Women with children are subjected to socially imposed notions of how mothers should actively perform their ever-evolving familial role (Arendell; Garcia), yet motherhood is assessed through white, middle-class, heterosexual ideologies and expectations. Put simply, motherhood is socially constructed as being child centred in which mothers are emotionally, physically, and financially invested in nurturing and caring for dependent children (Arendell; Hays). Yet not all women assume the ideal roles of mothering or neatly fit into gendered belief systems, which uphold patriarchal definitions of motherhood. Women experience motherhood differently according to the social-structural resources available to them (Collins). Black mothers, in particular, are expected to uphold “intensive mothering” practices (Hays x), but they must navigate these expectations without adequate community-based resources to carry out maternal roles. In this way, social constructions of motherhood not only bolster the reproduction of privilege and hierarchy but also expose Black mothers to greater state surveillance and regulation (Garcia-Hallett; Golden; McKim; Sufrin).

Although gender expectations have evolved over time, particularly with the second wave of the feminist movement, the so-called goodness and badness of mothers continue to be measured by perceived mother-child interests. Mothers are expected to avoid actions that are deemed detrimental to children, geared towards mothers’ self-interests and either uncommitted or intermittently committed to children’s interests—all perceived signs of imperfect or bad mothering. Substance use is viewed as a contradiction of mothers’ responsibility to be constant nurturers and, as such, is treated as an indicator of a bad mother. Researchers remind us that “a stereotypical image of a female drug user is inextricably linked to maternal roles in which assumptions are made about parental fitness in ways different from other types of offenders” (Cho and Tasca 423; see also Chesney-Lind and Pasko; Freiburger; Ritchie). The public concern about mothers using controlled substances has exposed mothers to severe punishment for their drug use compared to women who are not mothers (Spohn). This disparity between mothers and nonmothers demonstrates that, when there is legal discretion, a maternal identity may be treated as grounds for harsher sentencing for drug crimes (Cho and Tasca). For example, mothers convicted of property crimes may receive some leniency in their sentencing when they reside with children, but the same leniency is not given to mothers convicted of drug crimes (Freiburger), illustrating the comparatively greater stigma and penalization of drug possession (Cho and Tasca).

Yet public concern with maternal substance use disproportionately critiques and affects poor Black mothers who are aggressively policed by the state, especially by the child welfare system and the criminal legal system (Bush-Baskette; McKim). Media and political outlets in the late twentieth century were filled with images of Black mothers allegedly abusing state finances and producing drug-exposed children with life-long physical and psychological problems (Bush-Baskette; McKim). These racialized moral panics about the corrosive effects of drug use (especially crack cocaine) contributed to the state regulation of Black motherhood (Bush-Baskette; Roberts). In her book *Invisible No More*, Andrea Ritchie presents several scenarios in which Black mothers have been dehumanized by police officers who perceive Black women's bodies solely "as vessels for drugs ingested, swallowed, and concealed" (52) subjecting them to sexual abuse, physical harm, and death. Punitive drug policies enabled the penal confinement of indigent Black mothers perceived as institutional burdens and "bad mothers" who deserve to be incarcerated for possessing the source of their substance use (Bush-Baskette; McKim). For example, the 1986 Anti-Drug Abuse Act categorized women battling substance use as criminals to be punished rather than individuals worthy of assistance, especially when these women were bearing children (Bush-Baskette; Roberts). Such carceral logics justify policing women's bodies and their pregnancies: Mothers are penalized in carceral systems under the justification that they have put fetal health at risk (Bush-Baskette; Jackson; McKim; Sufirin). Notwithstanding the effects of substance use during pregnancy, Renny Golden argues that the "threats related to poverty, such as substandard housing, homelessness, lack of prenatal care, and poor nourishment, are identifiable detriments to fetal health, yet there is no public commitment to their eradication" (46). In other words, socioeconomic marginalization (like restricted access to quality healthcare) does not initiate as much public outcry as perceived individual moral failings (Golden; Jackson). Such an individualized lens surrounding mother-blaming fuels punitive responses to Black mothers engaging in substance use.

Under tough-on-crime practices, health and treatment centres have become hunting and dumping grounds for poor Black mothers who go there in search of services only to find themselves labelled as "offenders" and pushed into states of hypersurveillance (Jackson; McKim; Noble et al.). Indeed, a range of social, legal, and medical services have been put in place to regulate and control them that scholars have termed "transcarceration" (Maidment). In contrast, white middle-class mothers who use drugs are able to reap the benefits of their racial and class positionality and have more resources at their disposal (e.g., private health insurance). As such, white middle-class mothers with substance use problems overwhelmingly seek drug treatment from private physicians, thus diminishing their contact with carceral systems (Hansen and

Roberts). By contrast, poor Black mothers who use drugs have far fewer resources at their disposal. Consequently, they are relegated to social service agencies whose express purpose is to surveil them, which makes it difficult for Black mothers to avoid state control and their overrepresentation in carceral systems (McKim; Roberts).

Perpetuating the State Surveillance and Control of Black Mothers

Although the social work profession is justice oriented, it is not exempt from welfare practices that fuel the oppression and incarceration of Black mothers. Carceral systems function with a penal culture of control (Garland), which affects the culture of care that social workers can provide justice-involved individuals in these carceral spaces. In what follows, we will examine how in this continuum of care and control, social workers play a dual and, at times, conflicting role when practicing social work within carceral systems, particularly on behalf of Black mothers who have histories of substance use.

Regulating Black Motherhood Vis-à-Vis Deservingness

The social work profession prides itself on a culture of care, yet many social work practices are grounded in a culture of white benevolence in which care is directed towards white mothers who are seen as deserving care. By contrast, because of inequitable practices and racial stereotypes, Black mothers are not seen as deserving of the same access to care but rather as deserving of hypersurveillance and carceral systems of control (Blackstock; Dominelli; Garcia-Hallett; Roberts; Rutman et al.). For example, the slogan “save the children” was a familiar trope employed during the war on drugs that demeaned Black mothers for using controlled substances and depicted a “crack baby” crisis, creating a moral panic about Black children born with exposure to crack cocaine (Bush-Baskette; McKim; Roberts). The social work profession became complicit in this politically-driven and racialized initiative to save so-called crack babies from Black mothers. In fact, social workers typically report Black mothers to child protective services at much higher rates than white mothers (McKim; Roberts), contributing to maternal separation and family disruption in Black communities. Although the “crack baby” crisis was ultimately shown to be largely a hoax, social workers’ attentiveness to children’s welfare and saving children came at the long-term expense of Black mothers’ welfare (Roberts).

In the Clinton-era welfare reform period of the mid-1990s, states made it increasingly difficult for people to access vital social and medical services, especially for Black mothers who were depicted as “welfare queens” (Cammett). As a result, substance use became a major theme in narratives about who was or was not deserving of help from the state (Bush-Baskette). During this

period, it was difficult for poor women to receive welfare (Cammett), and many had to prove that they were drug free to receive and continue receiving benefits from the state. Such neoliberal values of self-sufficiency minimized state accountability to provide support and reinforced the role of social workers to report mothers for suspected drug use and noncompliance to social constructions of motherhood (Bush-Baskette; Kim; Kuri and Fierheller). As a result of these neoliberal welfare policies, social workers have become forced to perform their duties under the politics of deservingness and to function as gatekeepers to support while weeding out so-called undeserving Black mothers from receiving the assistance they need to tackle their substance use (Cammett; Sufrin).

Regulating Black Motherhood Vis-à-vis Individualized Fixing

Even when social workers provide mothers with care to tackle their substance use, social work practices are often grounded in a deficiency framework that forces them to accept personal responsibility for their substance use that problematizes them as deficient individuals (McKim; Sered and Norton-Hawk; Sered and Norton-Hawk). The underlying message within a deficiency framework is that mothers battling substance use are inherently flawed and, thus, need to be fixed into abstinence through state surveillance and control (Leotti; Netherland and Hansen). Yet Black mothers are susceptible to greater surveillance and criticism for challenging social constructions of motherhood.

Publicly supported drug treatment programs rooted in carceral logics reinforce the notion that Black mothers can only be fixed via compliance and confinement (Carlton; Carlton and Russell) and require them to take frequent and spontaneous drug tests over an extended period of time. Mothers in treatment are then threatened with incarceration if they relapse or somehow do not abide by imposed societal scripts of rehabilitation as fixed individuals (Sered and Norton-Hawk). The focus on preventing any and all substance use, however, disregards the time, effort, and setbacks in the bumpy road towards recovery (Rutman et al.). Instead, treatment programs should support progress and recognize that recovery from substance use is a continuum of small steps. In theory, drug treatment programs are intended to support mothers through their recovery, but in practice, they function as means of state surveillance and penal control of Black mothers (McCorkel; Sered and Norton-Hawk).

Considering social workers' multilayered roles as support givers, behavioural enforcers, and compliance managers (Kim; Leotti; Valenzuela-Vela and Alcazar-Campos), the following section reviews some ways social service providers can adhere to an anticarceral social justice mission that does not sustain and reproduce punitive carceral systems.

The Promise of Anticarceral Feminism in Social Work

Although social workers have been complicit in reinforcing the notion that incarceration and penal programs are suitable responses to substance use, this article argues that the social work profession can advocate for systemic change towards anticarceral efforts (Leotti; Richie and Martensen). Knowledge gained from intersectional examinations of penal control and its impact on gendered and racialized disparities has fuelled the rise of anticarceral feminism, which is “driven to undermine and dismantle the structural injustices that shape practices of criminalisation and imprisonment” (Carlton 288). As such, whereas carceral feminists rely on social control and partnerships with carceral systems, anticarceral feminists maintain that programmatic support systems are best accomplished outside of carceral settings, and they advocate for community-based and community-driven reform efforts to protect and support women (Carlton; Kim; Richie and Martensen; Rojo; Whalley and Hackett). Yet anticarceral efforts and discussions among social workers have remained largely ignored (see Leotti). The remainder of this article explores the importance of anticarceral efforts to decriminalize substance use and support community-based and community-driven efforts that actually support Black mothers battling substance use.

Decriminalizing Substance Use

To achieve social justice within anticarceral practices, it is important to address the existing policies and practices that perpetuate carceral logics and fuel penal control. Individuals battling substance use problems are often incarcerated on possession charges for carrying the source of their addiction (Kopak and Hoffmann), but such minor drug possession should not come with prison sentences that in practice criminalize and punish substance users. Confinement does not tackle underlying social-structural mechanisms leading to substance use nor does confinement effectively reduce substance use (Carlton; Carlton & Russell; Davis). Therefore, there must be institutional transformation in how social systems view and respond to substance use by decriminalizing the small possession and use of nonmedical substances and substances deemed as illicit (Whalley and Hackett).

Scholars have extensively documented the harmful effect of drug policies on the disproportionate incarceration rates of Black women and their overrepresentation in carceral systems, despite their low risks to public safety (Bush-Baskette; Cho and Tasca). Scholars have also shown how the incarceration of Black mothers complicates their ability to be caregivers, weakens mother-child ties, and disrupts support networks and familial resources, both monetary and otherwise (Garcia-Hallett). Incarcerated mothers may also initiate drug use or find that their drug use is exacerbated

behind bars as a result of stress and inadequate support, which illustrates how punitive drug policies can cause more harm than help (Sufirin). This widespread knowledge of ineffective and harmful drug policies has shifted social, political, and penal responses to substance use, contributing to recent declines in the incarceration rates of Black women for drug convictions (Carson; Mauer). In fact, the incarceration rates of Black women decreased by 60 percent between 2000 and 2019 (The Sentencing Project), almost entirely due to declines in drug offenses (see Mauer). These recent declines have been long overdue, and although they are not enough to combat the harms already done to Black families and Black communities, continuous declines may reduce the overrepresentation of Black women and mothers in carceral systems.

Decriminalization efforts such as those in British Columbia, Canada, may be one model to address substance use in a noncarceral way. In 2022, British Columbia declared a three-year exemption (2023–2026) to Canada’s federal drug laws and decriminalized the possession of opioids, cocaine, methamphetamine, and ecstasy for personal use (up to 2.5 grams). Individuals are not required to seek and receive treatment as part of this exemption, but the province has implemented harm-reduction programs to help meet public demand (Woo and Gee). Decriminalization “favours health-care over handcuffs,” as said by Vancouver Mayor Kennedy Stewart (qtd. in Paterson), by replacing arrests and charges for small drug possession with providing information about resources and referrals for treatment services. Such decriminalization efforts could protect mothers from further disruptions in their mothering by giving them a chance to receive help without stigmatizing and criminalizing them.

Deregulating Black Motherhood

By parting ways with false dichotomous frameworks and narratives of Black mothers’ deficiencies, the deregulation of Black motherhood can diminish the overlap between the child welfare system and the criminal legal system (Roberts). Social workers should be wary about using a dichotomous framing—that is, deserving versus undeserving—when implementing treatment or allocating resources to social work practices that continue regulating Black motherhood. Likewise, criminologists should avoid a dichotomous framing—that is, good versus bad—when assessing individual progress or program effectiveness (Rutman et al.). In a dichotomous framing, when mothers are deemed bad because of substance use, the children’s welfare is put in opposition to mothers’ welfare, which creates “a false dichotomy between parents’ rights and children’s rights” (Stein 586). More specifically, mere substance use is often coupled with dichotomous notions of child neglect (see McKim; Roberts), which prioritize children’s need for saving over mothers’ need for treatment and support services (Stein). Child welfare guidelines typically

stipulate that substance abuse justifies removal of maternal custody or additional stipulations in order to regain parental rights. These efforts by child welfare services are focused on saving children, but mothers are too often criminalized, penalized, and left without sufficient support (Roberts; Rutman et al.). In their attempts to support children, social service providers must also provide mothers with support and remain mindful that mothers' need for support should not discount their simultaneous parental interests and capabilities to be an effective parent (Kuri and Fierheller; Rutman et al.). The decoupling of substance use from dichotomous notions of child neglect would, in turn, allow social service providers to give simultaneous support to both children and mothers without the threat of criminalizing mothers for seeking help.

The stigma of maternal substance use and the labelling of Black mothers as “addicts” or “bad mothers” fuels the deficiency frameworks used to justify penal interventions to fix mothers. Problematizing Black mothers instead of interrogating existing patriarchal, racist, and classist systems enables “the government to appear to be concerned about babies without having to spend any money, change any priorities, or challenge any vested interests” (Pollitt 288). Such deficiency framing in regulating Black motherhood maintains their chastisement within social systems as well as their sociopolitical criminalization within punitive carceral systems (Bush-Baskette; McKim; Roberts). To deregulate Black motherhood, social workers should shift the focus from fixing Black mothers to seeing them as products of their circumstances while acknowledging that substance use is a common coping mechanism to trauma and emotional turmoil (McKim).

Community-Based and Community-Driven Efforts

As a result of the politically blurred and indistinct line between substance use and offending, in addition to the definitional fluidity of social workers' role, mothers have been sent to jail and prison rather than given community resources to help them tackle their substance use in an anticarceral manner that does not adhere to carceral logics or rely on penal institutions (Roberts). We propose anticarceral efforts that divest from carceral partnerships to reinvest in community-based coalitions and community-driven initiatives. The anticarceral movement advocates for decarceration and for varied forms of transformative justice practiced outside of carceral systems to uphold a liberatory approach that uplifts marginalized communities (Carlton; Kim; Whalley and Hackett). Possibilities for such transformational change are embedded in collaborative community-based efforts—as with treatment (Whalley and Hackett), housing (Shabazz), and mental health (Jacobs et al.)—that do not rely on state structures or neoliberal state politics (Whalley and Hackett). Coalition building among community organizations and local

advocates can address community needs and help offset and tackle the underlying state oppression of Black mothers that triggers their substance use and results in the removal of their children and incarceration for drug charges.

Anticarceral interventions require a shift from viewing police officers as the only or best first responders during health and mental health crises, such as overdoses. Instead, policymakers must recognize community-based initiatives as more humane, promising efforts to best meet individuals' needs (Kim; Sakala et al.). Anticarceral initiatives have taught social workers about the harms of calling the police. Rather than improving the situation, police intervention often escalates mental health and medical emergencies (and results in police violence). The negative encounters with the police have encouraged social workers to refer to mental health professionals or medical emergency responders who are trained for drug-related crisis scenarios (Jacobs et al.). This shift allows Black mothers to have their health needs met without the additional threat of escalation, police violence, or criminalization. In addition, mental health workshops on how to respond to drug overdoses allow community members to serve as "crisis interventionists" (Jacobs et al.), thus limiting interactions with agents of social control and keeping interactions community based. These examples demonstrate anticarceral interventions for providing services and keeping resources grounded in the local community, allowing marginalized communities to create some stability that has been afforded to more privileged groups who are not hypersurveilled.

Anticarceral interventions are not only based in the community; they should also be driven by the community that it is intended to serve (Chowdhury et al.). As such, Black mothers with histories of substance use should be recognized as the community assets they are and given the autonomy to actively develop community-driven initiatives that would be the most useful for others sharing similar backgrounds and experiences (Kim; Sakala et al.). As researchers have noted, "If the state actually cared about women as it claims, it would stop building new gender responsive cages, close down the existing ones, and allow the imprisoned mothers, sisters and daughters to return to their families and build real community-based programs to support them" (Rojo). Too often, social workers—as outsiders—are consumed by the practice of telling Black mothers what they need to do in order fix a wrong or improve a perceived deficiency. Social workers must listen to and treat Black mothers as community experts who know what they need for recovery, how to navigate motherhood, and how to heal communities and create support networks. As "credible messengers" for transformative justice, Black mothers are the "true agents of change in the effort to end mass incarceration" (Chowdhury et al. 358).

In all, anti-carceral interventions to support Black mothers in their recovery from substance use must coincide with three elements:

- the decriminalization of substance use;
- the deregulation of Black motherhood by parting ways with deficiency and dichotomous frameworks; and
- a reinvestment in community-based and community-driven efforts.

Conclusion

This article argues that social-structural efforts should be made to diminish the criminalization of substance use and support mothers with substance use issues, rather than add to the degradation that Black mothers experience in society. In order to divest from carceral partnerships and reinvest in community-based and community-driven initiatives, social workers must first understand the socio-structural and political oppression that Black women and Black mothers are forced to endure (McCoy). Social workers should also recognize the existing ambiguities in their role as well as the part they currently play in supporting carceral logics that harm Black mothers. Mothers may be unable to avoid public stigma for their substance use, but social workers can help offset the negative effects of carceral systems by advocating for and participating in liberatory, anticarceral practices. It is important that social workers prevent the perpetuation of criminalization, avoid women's stigmatization as bad mothers, and avoid a hierarchical positionality in assisting Black mothers with substance use histories. As Ping Kwong Kam argues succinctly, social workers must step away from individualized treatment and, instead, put the social back in social work to combat carceral logics and promote social justice.

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