

Navigating Substance Use Coercion: Practical Tools for Screening and Intervention

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Disclosure Information

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Learning Objectives

- ☀ Describe the key tactics used in substance use coercion within intimate partner violence (IPV) relationships and their impact on recovery and treatment
- ☀ Demonstrate effective strategies for talking with patients and identifying substance use coercion in patients experiencing IPV in clinical settings
- ☀ Develop skills necessary to effectively work with patients experiencing substance use coercion to develop harm reduction and safety planning strategies to support their recovery and access to treatment

Outline

- ☀ Introduction to Substance Use Coercion
- ☀ Identifying Substance Use Coercion
- ☀ Responding to Substance Use Coercion and Safety Planning
- ☀ Wrap Up

Outline

Introduction to Substance Use Coercion

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Case 1

☀️ 24yo F comes to see you in your primary care clinic, accompanied by a new partner. She has been your patient for several years and has been stable on 8-2mg buprenorphine-naloxone daily for the past six months. You were surprised that her last routine urine drug screen was positive for fentanyl and negative for buprenorphine. You ask her about the result and her partner jumps in immediately, telling you that she is allergic to buprenorphine and asks you to prescribe buprenorphine monoprodukt.

Introduction

- ☀ IPV is a pattern of assaultive and coercive behaviors designed to dominate and control a partner through fear and intimidation.
- ☀ This can take the form of physical, sexual, emotional, and/or economic abuse, isolation, deprivation, and stalking, as well as coercion and threats and can include
 - Emotional manipulation of children
 - Threats related to deportation or child custody
 - Outing a partner's gender identity or sexual orientation
 - Abuse targeted toward a partner's health, mental health, wellbeing, and access to care
- ☀ People who abuse their partners leverage societal stigma to further their control
- ☀ These behaviors result in physical and psychological harm

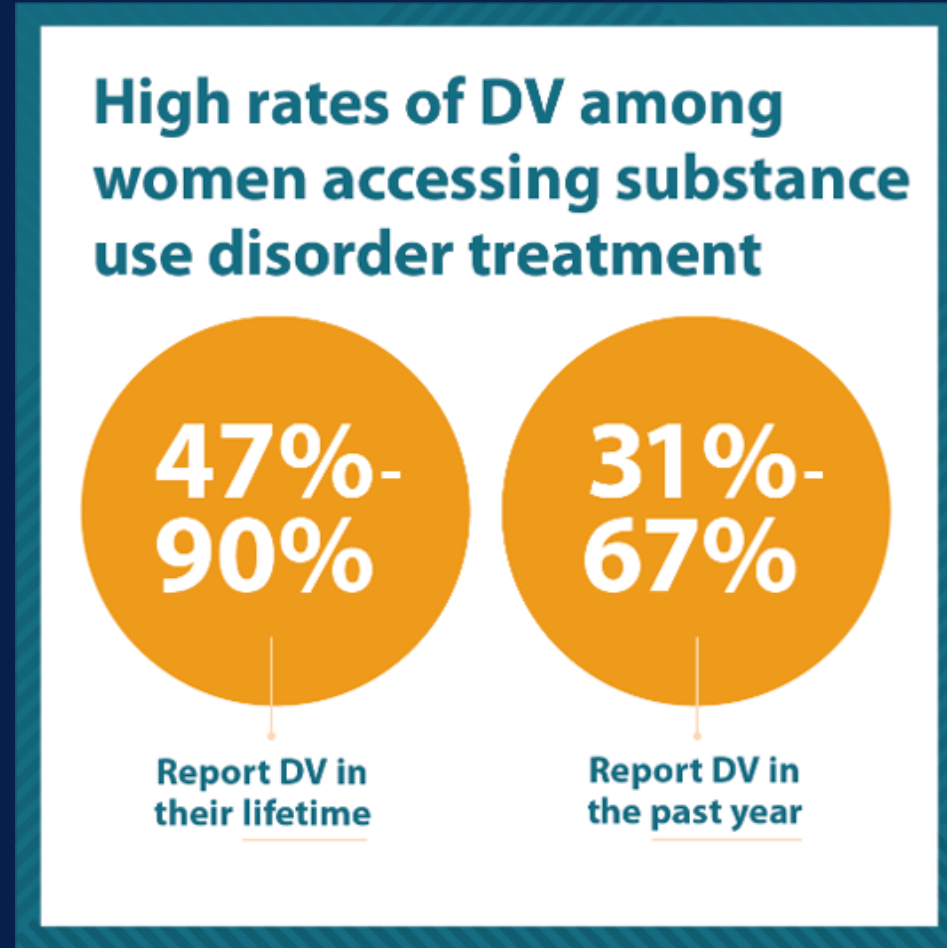
Trauma, Mental Health, Substance Use, and IPV: What Are the Connections?

- ✱ IPV has significant substance use-related effects
- ✱ There are high rates of IPV and other trauma among people accessing substance use disorder (SUD) treatment
- ✱ People who abuse their partners actively use SU issues against their partners as a tactic of control, particularly in relation to custody and credibility
- ✱ IPV impacts survivors' ability to access and engage in SUD treatment
- ✱ Integrated approaches to IPV, trauma, MH, and SU are critical to the safety and recovery of survivors and their children

IPV Has Significant Substance Use Effects



IPV is Prevalent Among People Accessing SUD Treatment



IPV and Opioids

- ☀ IPV increases a person's risk for opioid use
- ☀ High rates of IPV among people accessing OUD treatment:
 - 90% of women accessing services in a methadone clinic had experienced IPV
- ☀ Women who experience IPV are at increased risk for relapse and for opioid OD
- ☀ IPV and opioid ODs have increased during COVID-19
- ☀ IPV and substance use coercion create unique risks that directly threaten safety and well-being.

Less well recognized are the ways people who abuse their partners engage in coercive tactics targeted toward a partner's use of substances...

Substance Use Coercion Survey

National Domestic Violence Hotline and NCDVTMH Survey

N=3,224

26%	Ever used substances to reduce pain of partner abuse?
27%	Pressured or forced to use alcohol or other drugs, or made to use more than wanted?
15.2%	Tried to get help for substance use?
60.1%	If yes, partner or ex-partner tried to prevent or discourage you from getting that help?
37.5%	Partner or ex-partner threatened to report alcohol or other drug use to someone in authority to keep you from getting something you wanted or needed?
24.4%	Afraid to call the police for help because partner said they wouldn't believe you because of using, or you would be arrested for being under the influence?



Warshaw C., Lyon E., Bland P., Phillips H., Hooper M., NCDVTMH/The Hotline, 2014

Substance Use Coercion Survey: Qualitative Findings

☀ Coerced use

- Initiated into using
- Pressured to use with partner, unable to refuse
- Manipulated or threatened into using
- Drugged by partner
- Subjected to drug-induced debilitation

☀ Treatment Interference or Recovery Sabotage

- Prevented from attending meetings/treatment
- Transportation/childcare withheld
- Harassed into leaving
- Medications controlled
- Substances kept in home after treatment
- Forced to watch partner use
- Escalating violence if tried to cut down or stop

Substance Use Coercion Survey: Qualitative Findings

☀ Threats to Report or Discredit

- Reported to judges, CPS, police, probation officers, employers
- Made false allegations

☀ Substance Use-Related Sexual Coercion

- Coerced or forced sex
- Pressure to use

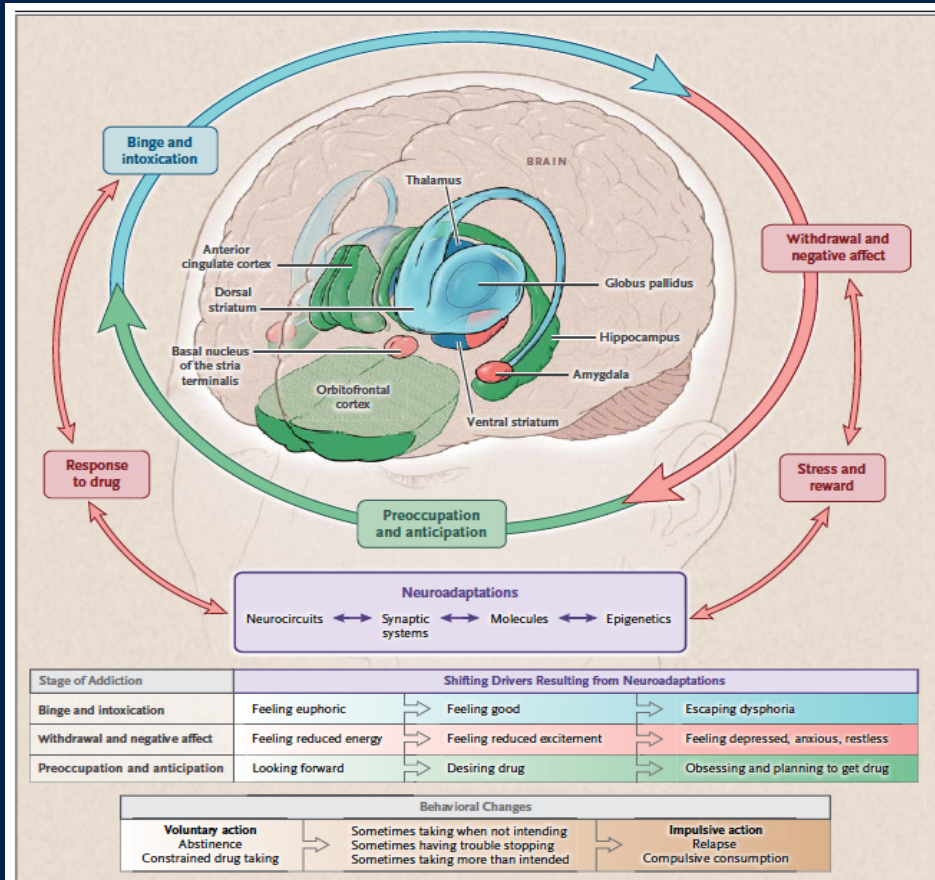
☀ Blaming abuse on partner's use and benefiting from lack of services

- Stigma re: women and substance use

Substance Use Coercion and Opioids

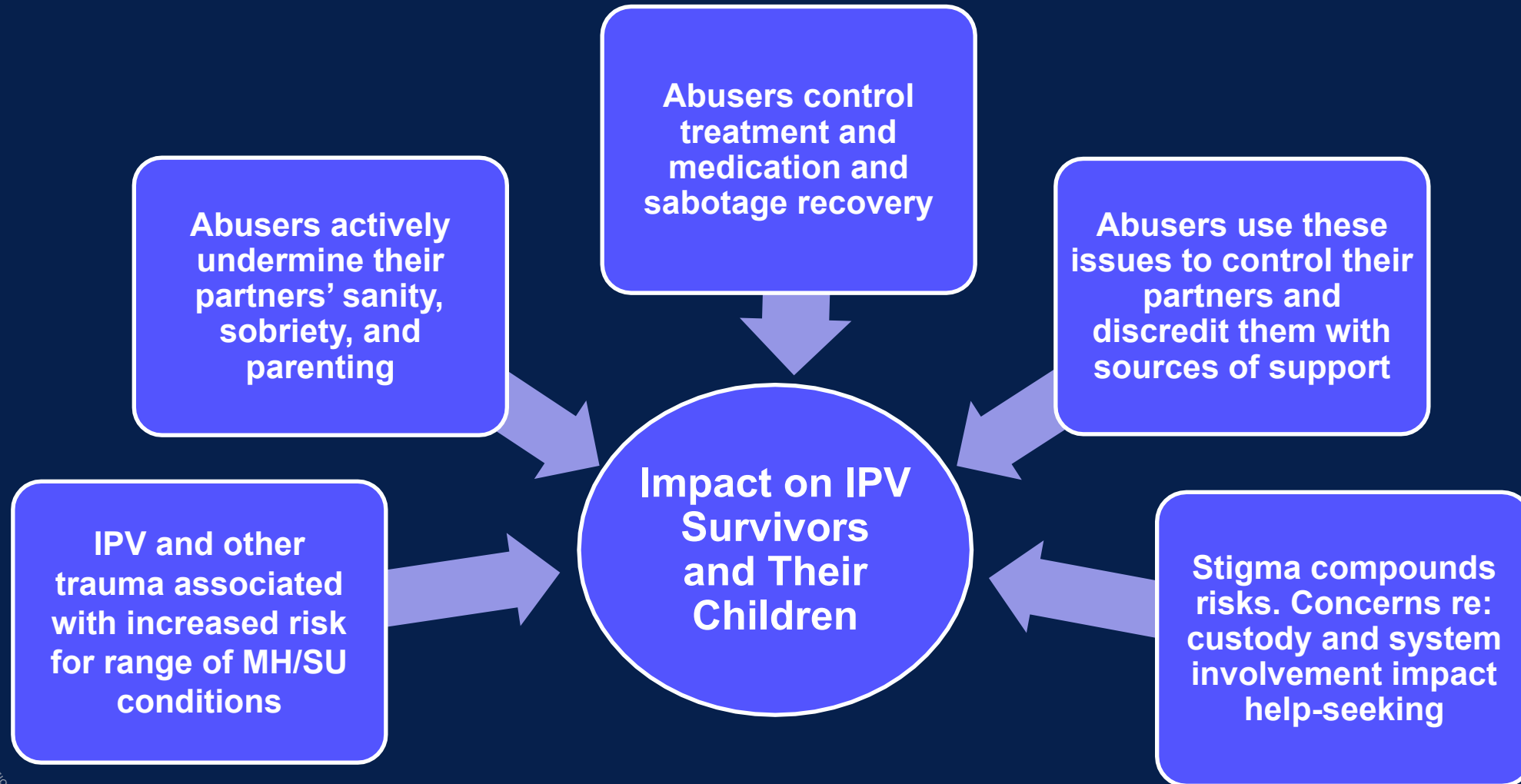
- ☀ Introducing partner to opioids/controlling supply
- ☀ Threatening to put a partner into withdrawal
- ☀ Coercing partner to engage in illegal activities
- ☀ Forcing partner to use unsafely
- ☀ Injuring partner to obtain pain meds
- ☀ Sabotaging treatment
 - Stalking at regular MAT appointments; Keeping a partner from meeting Tx requirements; Controlling or diverting meds
- ☀ Using opioid history as threat and tactic of control: Custody, CPS, LE, housing, jobs, probation/parole; planting drugs

Considering the Neurobiology of Relapse Cues in the Context of Substance Use Coercion



- ✳️ Provoking relapse as a tactic of abuse
 - Exposure to addictive/rewarding drugs
 - Conditioned cues from the environment
 - Exposure to stressful experiences
- ✳️ Involves activation of neural circuitry (e.g., reward, incentive, salience, and glutaminergic pathways, including pathways involved in the stress response).
- ✳️ These can be “deliberately” activated by an abusive partner who engages in substance use coercion

Trauma, IPV, and MH/SU Coercion: Complex Picture



Outline

☀ Introduction to Substance Use Coercion

➡ **Identifying Substance Use Coercion**

☀ Responding to Substance Use Coercion and Safety Planning







☀ Wrap Up

Identifying Substance Use Coercion

☀ Take 2 minutes in small group and write down situations that would make you concerned about substance use coercion

Red Flags for Substance Use

Coercion

-  Partner is overbearing and makes it difficult to see patient alone
-  Evasive when talking about partner
-  Missing or coming late to appointments
-  Losing prescriptions, misplacing medications, asking for early refills
-  Negative drug screens for prescribed medications
-  Increase in or resumption of alcohol or drug use

SUC Communication

- ☀ When to ask
- ☀ How to ask
- ☀ How to respond

Case 1

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Communication Skills

- ☀ Screening v. opening a discussion
- ☀ SUC similar to other 'sensitive topics'
- ☀ Practicing language will reduce cognitive burden when seeing real patients
- ☀ Brainstorm
 - Take 2 minutes to write down
 - When in your visit you anticipate asking about SUC
 - What exact language you would use to ask

Communication Skills

☀ When to ask:

- ☐ As part of an IPV assessment
- ☐ As part of a substance use history
- ☐ As part of treatment planning

- ☐ Patient should be alone with clinician – consider standard rooming policies where default is always for patients to be roomed alone

Opening a conversation about SUC

- ☀ **Normalize:** “Many of our patients have told us that their partners interfere with their treatment or sabotage their recovery.”
- ☀ **Personalize:** “Sometimes partners might [provide SUC examples that might align with patient’s situation]”
- ☀ **Empathize:** “We understand that using substances can also be a common way to deal with physical and emotional pain caused by a partner.”
- ☀ **Offer support and space:** “If you’ve had these experiences, or if they come up, know that we are here to support you.”



Affirm and Validate Person's Experience



- ☀️ “It’s not your fault”
- ☀️ “You always deserve dignity and respect”
- ☀️ “It sounds like your partner is _____, which is making it hard to _____”
- ☀️ “I believe you, you are not alone

Sample Note Template Questions

Notes

+ Create Note Attestation 1

My Note

★ B abc ↶ ↷ ? + Insert SmartText ↵ ↶ ↷ ↶ ↷ ↶ ↷ ↶ ↷

Psychiatry: ***

Housing/resources: ***

Partner/family: ***

Substance use coercion/IPV

Has your current or former partner ever tried to control your use of substances or pressure or force you to use or use more than you want to? YES/NO -

Has your current or former partner ever done things that impact your ability to access treatment, manage your medications, or maintain your recovery? YES/NO -

Is anyone in your life hurting you or threatening you in any way? Are you concerned about your safety? YES/NO -

IPV Resources (Optional) -

Children:

Children -

Sign when Signing Visit 🔍 ✓ Accept ✗ Cancel

Outline

☀ Introduction to Substance Use Coercion

☀ Identifying Substance Use Coercion

➡ **Responding to Substance Use Coercion and Safety Planning**

☀ Wrap Up

Responding to Coercion and Safety Planning

- ✱ Impacts on treatment planning
- ✱ Integration of harm reduction
- ✱ Ensuring patient safety (immediate and long-term)
- ✱ Documentation and open access issues
- ✱ Special considerations for telemedicine safety
- ✱ Roles of clinic team members and referrals to community resources

Responding to Coercion and Safety Planning

- ☀ Break into small groups to discuss two cases from your handout
- ☀ 10 minutes
- ☀ Then will discuss cases as a large group

Case 2

- ★ A 32 yo F G2P1 at 32 weeks GA with OUD on buprenorphine presents for an in-person visit to clinic for the first time in four months.
- ★ She has called to change her last few appointments to telemedicine at the last minute
- ★ At every telemedicine appointment, she tells you things are going well but you notice per PDMP that she is not picking up her prescriptions regularly
- ★ You know she does not drive and relies on her husband for rides. Her husband is currently out of town, so she took an Uber to clinic today.
- ★ She tells you she has been trying to taper off buprenorphine because her husband is making her feel guilty for "poisoning their baby" but that she is having a lot of withdrawal symptoms and is worried about returning to use
- ★ She also tells you that her partner sits in the room for all of her telemedicine appointments to "make sure she does the right thing"

Questions for Handout – Case 2

- ★ What aspects of this situation make you concerned there might be SUC?
- ★ How would you ask about SUC?
- ★ Would you make treatment changes?
 - Illicit patient vs partner goals?
 - Help her taper?
 - Change her meds?
- ★ How would you follow-up with her?
 - How would you ensure safety in future video visits?
 - What resources could you refer her to?

Case 3

A 37yo F with OUD on buprenorphine-naloxone presents for an acute visit for cellulitis. Her regular PCP is out of the office, but notes mention multiple requests for early refills due to lost medication. Her last refill per PDMP was yesterday for 7 days, but she appears to be experiencing withdrawal. You ask her if anyone is interfering with her medications, and she discloses that her partner has been flushing her bup-nlx down the toilet. She was able to take one dose yesterday after picking it up at the pharmacy but has none left. Once she is sick with withdrawal symptoms, her partner offers her fentanyl and other drugs, which he injects for her as she does not know how to do it on her own. He injected at the site where she now has cellulitis.

Case 3 (Cont.)

She expresses a strong desire to take buprenorphine daily and abstain from using other substances, especially as she is working to regain custody of her children. She has missed several custody-related appointments because she is too sick from withdrawal to attend. She got a ride to the hospital from a friend today, but she is worried her partner will get very angry if he finds out she was here. She then asks you not to write any of this down as "My partner has my password and can see everything in my app."

Questions for Handout – Case 3

- ✱ What are the 'red flags'?
- ✱ Do you have immediate safety concerns?
- ✱ What change in her treatment plan could be considered?
- ✱ How would you document in the EMR?
- ✱ How would talk about open access notes?
- ✱ How would you communicate with other healthcare provider?
- ✱ How might you address harm reduction?

Strategize Together about Safety

- ☀ Determine if there are immediate safety concerns
- ☀ Ask about preferred/safest forms of communication
- ☀ Remind about flexible scheduling policies; offer telehealth appointments
- ☀ Decide on a code phrase that signals it is not safe to talk, especially on video where the provider not be able to see the room
- ☀ Change prescription frequency or type, if appropriate
 - Consider shorter prescriptions, injectable formulations
- ☀ Disclose your role as a mandated reporter before discussing sensitive topics

Document with Safety In Mind

- ☀ Discuss importance of documentation as record of IPV/SUC and to provide full picture of health conditions
- ☀ Discuss issues around open access and related patient choices:
 - Inactive accounts completely if unable to keep passwords protected
 - Block notes from patient portal – relies on all providers knowing the situation and remember to proactively block sensitive records
- ☀ Remember chart notes can be subpoenaed
 - Highlight patient's strengths (including parental strengths if applicable)
 - Document connections between IPV and substance use
 - Record specific instances of IPV/SUC

Our EMR Strategies

- ☀ Mark notes as 'sensitive'
- ☀ Blue sticky note in EpicCare to communicate with team
 - Is not saved in the permanent EMR, and cannot be seen by pt

Examples – Limiting Patient Access

Notes

Create Note Attestation 1 NPSUPERVISION 2

My Note

Insert SmartText

Marks note as "sensitive" in EPIC – restricts note access to specific providers

Blocks note for patient access to MyUPMC. Will need to justify reason.

Reason for Blocking

The note is not being shared with the patient/proxy. Choose the most applicable reason and indicate the specific risk in comments.

- ☐ Patient requested note not be disclosed to them or their proxies
- ☐ Disclosure of the note to the patient would cause substantial risk of physical harm to the patient
- ☒ Disclosure of the note to a proxy would cause substantial risk of physical and/or psychological harm to the patient
- ☐ Disclosure of the note to the patient or proxy would cause substantial risk of physical and/or psychological harm to another individual

Comments

Accept Cancel

MyUPMC Administration

Account Details For Zzadriana A Zzzanderson

MyUPMC Status
Inactive

Demographic Details

Activate MyUPMC Account

Launch Signup

Send Text

Send Email

Print

Decline Signup

MyUPMC Details

Activation Code
No Code Generated

Generate Code

Additional Details

Related Activities

Communication Preferences Results Release Patient Message Review

Examples – Provider Communication

The screenshot displays a telemedicine interface. On the left, a provider profile for Tina Zzzbungard is shown, including her name, age (53), date of birth (10/19/1969), MRN (<742523202>), and status (Code Status: None, Disability Type: None). A red circle highlights a 'Click Here' button next to a document icon. In the center, a text input field is labeled 'Internal Medicine Comments' and 'Type Note Here'. A blue arrow points to this field. On the right, the same provider profile is shown, with a red circle highlighting a document icon. Above the right profile, the text 'Lines appear once text added' is visible.

SUC ALERT: No immediate safety concerns/immediate safety concerns
Code Word/Gesture for Telemed: e.g. "I have to feed the baby" means partner in the room and cannot talk openly
Active PFA: Yes/No

What Next - After SUC Disclosure

- ☀ Have a plan for who else in the clinic can help support the patient/facilitate referrals/follow-up
 - Social workers/therapists
 - Case managers
 - Peer Recovery Specialists
 - Nurse
- ☀ Know your community resources
 - Shelter resources if immediate safety concerns
 - IPV resources
 - Harm reduction resources



Bright Sky

Bright Sky is a safe, easy to use app and website that provides practical support and information on how to respond to domestic violence.

FREE DOWNLOAD

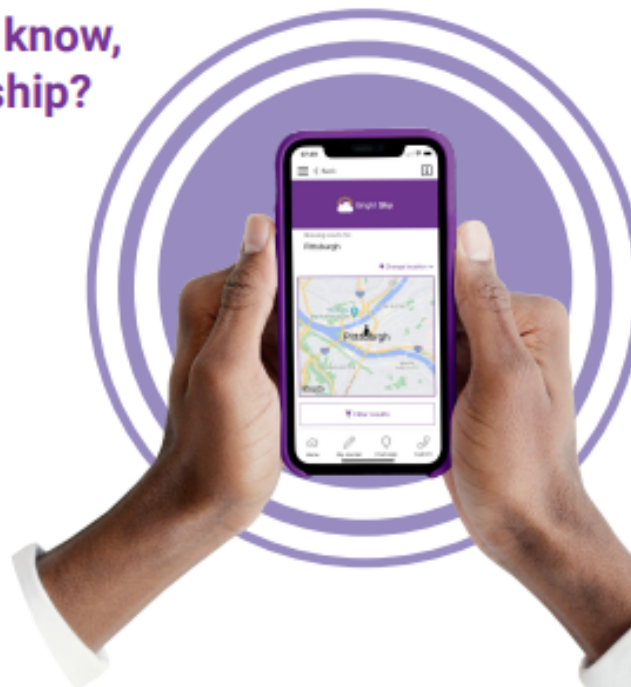


Are you, or is someone you know, feeling unsafe in a relationship?

Bright Sky US: Made for anyone experiencing domestic violence, or for those worried about someone else.

Bright Sky can help you:

- Understand what domestic violence can look like
- Evaluate the safety of a relationship
- Learn how to help someone who may be affected
- Locate the nearest support services across the United States



Questions? Contact brightsky@wcspittsburgh.org

Presented by:



Learn how to find help for yourself or someone you know:
brightskyus.org

A Toolkit for Screening, Assessment, and Brief Counseling in Primary Care and Behavioral Health Settings

www.nationalcenterdvtraumamh.org/publications-products/coercion-related-to-mental-health-and-substance-use-in-the-context-of-intimate-partner-violence-a-toolkit/



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 ☀ **Wrap Up**

Final Takeaways/Summary

- ☀ Write down 1-2 things you or your practice can implement in the next few months related to SUC

Final Takeaways/Summary

- ✱ IPV and SUC are prevalent among patients with SUD
- ✱ SUC may involve is a tactic of control and may involve forced use, withholding medications, interfering with treatment, and using a partner's substance use to threaten custody, legal status, or credibility
- ✱ Patients experiencing SUC are at increased risk for relapse, overdose, and difficulty accessing treatment
- ✱ Routine, private, and nonjudgmental assessments for SUC can help identify at-risk patients
- ✱ Clinicians should integrate harm reduction strategies, flexible prescribing, and individualized safety planning to support patients while minimizing risk
- ✱ When documenting in the EMR, clinicians should balance patient safety with the need to appropriately document. Utilize strategies within the EMR to facilitate this.
- ✱ Partnering with social workers, case managers, IPV advocacy organizations, and harm reduction services ensures patients have comprehensive support

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