Navigating Substance Use Coercion: Practical Tools for Screening and Intervention Workshop

Participant Handout

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 monoproduct.

Small group brainstorm: What types of situations make you concerned about substance use coercion?

Individual brainstorm:

- When in your visit you anticipate asking about SUC
- What exact language you would use to ask

Case 2: A 32 year old G2P1 (two pregnancies, one live birth) at 32 weeks gestational age with opioid use disorder 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 the prescription drug monitoring system 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 discussion:

- What aspects of this situation make you concerned there might be SUC?
- How would you ask about/discuss SUC?
- Would you make treatment changes?
- 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 female with opioid use disorder on buprenorphine-naloxone presents for an acute visit for cellulitis. Her regular primary care doctor is out of the office, but notes mention multiple requests for early refills due to lost medication. Her last refill 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 buprenorphine-naloxone 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. 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 discussion:

- 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?

Closing question:

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