As federal agencies began to address the opioid epidemic, substance use coercion emerged as an important barrier to treatment and recovery for survivors of intimate partner violence (IPV).

Recognizing the far-reaching impacts of substance use coercion on domestic violence, mental health, and substance use disorder treatment services, a national stakeholder meeting of technical experts convened on October 24-25, 2019 in Washington, D.C.

The Family Violence Prevention and Services Act (FVPSA) Program and the Office of the Assistant Secretary for Planning and Evaluation (ASPE) at the U.S. Department of Health and Human Services partnered with the National Center on Domestic Violence, Trauma, and Mental Health (NCDVTMH) to convene this two-day technical expert meeting.

**Report Highlights**

There was broad agreement that to be more effective, safe, and accessible for survivors, services need to be coordinated, co-located, and integrated. While these types of models for coordinating IPV and substance use services do exist, there is an urgent need to further develop these models and bring them to scale.

In addition to the harmful effects of abuse, many survivors experience services as harmful rather than helpful due to substance use-related stigma, particularly in relation to parenting. As one expert said during the meeting, “People won’t ask for help if they are being told how bad they are. We have to make it safe for people. There is nothing worse than putting the most vulnerable moment of your life out there and being told you are horrible.”

Substance use coercion is a critical issue for survivors and their children, with policy implications that cut across federal programs and initiatives. The goals for the meeting were to better understand the prevalence and impact of substance use coercion and produce recommendations for policy, research, and practice.
As a result of a literature review, key informant interviews, and in-person meeting with over 50 federal partners, national stakeholders, advocates, survivors, and researchers, the *Substance Use Coercion as a Barrier to Safety, Recovery, and Economic Stability* report finds:

- Only 20% of domestic violence programs felt “very prepared” to support survivors who use substances and even fewer felt prepared to meet the parenting needs of survivors.
- Only 19% of state substance use disorder treatment systems have solid partnerships with domestic violence agencies.
- Coordinated and integrated services uniquely benefit survivors and are associated with decreased substance use, and in some cases, decreased experiences of violence.
- Integrated services have had limited uptake, highlighting the need to support the development and replication of integrated services and community-level interventions.

**Federal Policy Recommendations**

There is a wide array of concrete actions that the NCDVTMH recommends national policymakers take to support survivors, service providers, and researchers.

Those that are of highest priority include:

- Increase access to coordinated, co-located, and integrated models by decreasing barriers to accessing services (including transportation and childcare).
- Incentivize peer support and harm reduction approaches and services that are aligned with people’s lived experiences.
- Support funding requirements that include integrated responses to IPV and substance use coercion in substance use disorder treatment settings.
- Increase cross-sector collaboration and training on substance use and IPV.
- Fund implementation and evaluation research on substance use coercion interventions, including at the community level.
- Prioritize a combination of quantitative and qualitative research to better understand the impact of substance use coercion and the effect of integrated services, as well as to contextualize ongoing research with regard to social, racial, and economic disparities.
- Provide support to culturally specific and Indigenous domestic violence programs to respond to survivors who use substances and to evaluate innovative approaches.

Substance use coercion is a complex issue touching on many systems that currently present barriers to access and engagement for survivors. Prioritizing these policy changes will be critical to reducing the barriers to safety, recovery, and economic self-sufficiency faced by survivors of IPV.

A more detailed list of policy recommendations, along with the full report that also includes practice and research recommendations, can be viewed at [www.nationalcenterdvtraumamh.org](http://www.nationalcenterdvtraumamh.org). For questions or comments, please contact us at 312-726-7020.