

Overdose Prevention and Intimate Partner Violence: Unique Risks, Needs, and Strategies

Intimate Partner Violence (IPV) and Substance Use Coercion Can Increase Overdose Risk^{i ii}

Being abused by an intimate partner is associated with a 6x higher risk of developing a substance use disorder, including opioid use disorder. Additionally, survivors are at increased risk of experiencing many common overdose risk factors, such as:

- Housing instability – intimate partner violence is a leading cause of homelessness amongst women, particularly women with childrenⁱⁱⁱ
- Physical health conditions, including HIV^{iv}
- Quality of substance: a common tactic of substance use coercion is to lie to survivors about what substances they are using or how much they are using as a means of maintaining control over them, which increases overdose risk since then survivors cannot making informed decisions about their substance use^v
- Incarceration: women and girls who experience domestic violence, IPV, and/or sexual violence, are at an increased risk for incarceration^{vi}
- Using alone: isolation from sources of safety and support is a common tactic of IPV, potentially leaving a survivor without access to safe social support. Additionally, survivors may experience increased victimization when under the influence, which may lead some to choose to use alone in an attempt to safeguard themselves from physical and/or sexual violence^{vii}
- Depression, depressed mood, and/or suicidality: being abused by an intimate partner is associated with a 3x higher risk for developing depression and 4x higher risk of attempting suicide^{viii}

Survivors Experiencing IPV and Substance Use Coercion Also Have Reduced Access to Evidence-Based Resources to Prevent Overdose^{ix x}

Evidence-based overdose prevention resources may be less accessible or unsafe to access for survivors being abused by a partner or ex-partner.

- **Medication-Assisted Treatment/Recovery (MAT/MAR):** survivors may experience stalking at MAT/MAR appointments, have their medications stolen, or have their treatment engagement sabotaged by an unsafe (ex-)partner.
 - Collaborative Strategies to Provide MAT/MAR:
 - MAT/MAR options that best align with individualized safety needs and strategies
 - Safety planning for MAT/MAR appointments
 - How to maintain control of medications
 - Flexible scheduling
 - Changing service locations if/when requested by a survivor

- Addressing resource needs (e.g., transportation, childcare, etc.)
 - Tele-based or mobile services
- **Naloxone Distribution:** while naloxone is a life-saving opioid overdose antidote, a common abuse tactic is to threaten to or actually force a survivor into opioid withdrawal in order to intimidate, incapacitate, harm, and/or control them.
 - Collaborative Strategies for Naloxone Distribution:
 - How/where to access naloxone safely. Where would the survivor feel most safe accessing naloxone? Ideally, a survivor would be able to obtain naloxone at any program they are already accessing. Other options may include: local harm reduction organizations that could confidentially deliver naloxone to a place where the survivor feels safe to access it, a mailing address where a naloxone kit can be safely received, or a pharmacy where a survivor may already feel safe picking up other medications.
 - Storing naloxone safely. If a survivor is concerned about naloxone being used to abuse them, it is important to respond with empathy and collaboratively strategize around where they could keep their naloxone kit to minimize the risk of it being used to abuse while still being accessible in case of emergency. It can also help to talk about safe social supports would likely be nearby during a potential overdose and how they can access naloxone.
- **Overdose Prevention Centers (OPCs):** these centers exist in many other countries but only recently opened in the U.S. OPCs in other countries often offer women-only hours, and less common but very much needed, some DV organizations have opened their own OPC in order to be more accessible and responsive to survivors of gender-based violence.^{xi}

Supporting Survivors in Preventing Overdose

In addition to the core elements included in all overdose prevention education and counseling, survivors particularly benefit from collaborative safety planning that addresses their individual and self-defined safety needs and concerns as they relate to IPV, substance use coercion, and substance use.

- When supporting a survivor with overdose prevention planning, it's important to:
 - Elicit their self-defined concerns and ideas for solutions while remaining focused on their self-defined priorities
 - Integrate overdose prevention planning with overall safety planning
 - Keep in mind that strategies to increase overdose safety may increase danger related to IPV (and vice versa)
 - Remain open, use creativity, and honor survivors as the expert on their own experience – integrated IPV/overdose prevention planning is only as helpful as it is realistic and actionable
 - Strategize around safe access to desired resources (including naloxone)
 - Build in a follow-up plan
- Offer innovative resources such as [Never Use Alone](#) to help address the overdose risk of using alone or using without safe social supports (remember: isolating survivors from sources of safety and support is a common IPV tactic)
 - neverusealone.com
 - National Toll-Free Number: 1-800-484-3731
 - National Toll-Free Number en Español: 1-800-928-5330

Naloxone Resources

- [US States, Washington DC, and Puerto Rico - Next Distro](#)
- [Illinois](#)
- [Indiana](#)
- [Michigan](#)
- [Minnesota:](#)
- [Ohio](#)
- [Wisconsin](#)

Harm Reduction Resources

- **National Harm Reduction Coalition**
 - [Overdose Prevention](#)
 - [Safer Use](#)
- **Chicago Recovery Alliance**
 - [Overdose Prevention](#)
 - [Better Vein Care](#)
- **Naloxone Information for Prescribers and Pharmacists**
 - [Prescribetoprevent.org](#)
- **Additional Harm Reduction Resources**
 - [Vital Strategies COVID-19 Harm Reduction Toolkit](#)



For more information: info@ncdvtmh.org

References

- ⁱ [Phillips, H, Schaeffer, S, White-Domain, R, & Warshaw, C. \(2019a\). SAVING LIVES: Meeting the Needs of Intimate Partner Violence Survivors Who Use Opioids. National Center on Domestic Violence, Trauma, and Mental Health.](#)
- ⁱⁱ [Phillips, H, Warshaw, C, & Kaewken, O. \(2019b\). Literature Review: Intimate Partner Violence, Substance Use Coercion, and the Need for Integrated Service Models. National Center on Domestic Violence, Trauma & Mental Health.](#)
- ⁱⁱⁱ [National Network to End Domestic Violence. \(2018\). Domestic Violence, Housing, and Homelessness.](#)
- ^{iv} [Centers for Disease Control and Prevention \(n.d.\) Intersection of Intimate Partner Violence and HIV in Women.](#)
- ^v [Phillips, H, Warshaw, C, Lyon, E., & Fedock, G. \(2020\). Understanding Substance Use Coercion in the Context of Intimate Partner Violence: Implications for Policy and Practice. National Center on Domestic Violence, Trauma, and Mental Health.](#)
- ^{vi} [Gilfus, ME. \(2002\). Women's Experiences of Abuse as a Risk Factor for Incarceration. VAWnet.](#)
- ^{vii} [Ibid. Phillips et al. \(2020\)](#)
- ^{viii} [Rivera, EA, Phillips, H, Warshaw, C, Lyon, E, Bland, PJ, & Kaewken, O. \(2015\). An applied research paper on the relationship between intimate partner violence and substance use. National Center on Domestic Violence, Trauma, and Mental Health.](#)
- ^{ix} [Warshaw, C, Lyon, E, Bland, PJ, Phillips, H, & Hooper, M. \(2014\). Mental Health and Substance Use Coercion Surveys. National Center on Domestic Violence, Trauma, and Mental Health & National Domestic Violence Hotline.](#)
- ^x [Ibid. Phillips et al. \(2019a\)](#)
- ^{xi} <https://www.catie.ca/programming-connection/sisterspace-overdose-prevention-site>