



The Use of Peer Recovery Coaches to Combat Barriers to Opioid Use Disorder Treatment in Indiana

Key Points

- + Overdose deaths in Indiana are rising at an alarming rate.
- + The use of Peer Recovery Coaches (PRCs) is a promising approach for engaging and supporting individuals in opioid use disorder (OUD) treatment.
- + Early research shows a decrease in substance use and recidivism in individuals who receive PRC services when compared to those who receive standard treatment.
- + Barriers to wider PRC integration in Indiana’s OUD treatment system should be evaluated and addressed.
- + Several guidelines have been identified for the implementation of a successful PRC program.

Introduction

Increasing rates of opioid use disorder (OUD) and overdose deaths in Indiana are a large and growing public health concern. Approximately 140,000 Indiana adults reported illicit drug dependence or abuse in 2014, and 9% of Indiana residents currently report using illegal drugs in the past month.^{1,2} In 2015, Indiana ranked 17th in the nation for drug overdose deaths, and as of now, Hoosiers face a higher risk of dying from drug overdose than from a car accident.^{3,4} Fentanyl (a synthetic opioid 50 times more powerful than heroin) in particular is a large contributor to the opioid epidemic, as fentanyl-attributed overdose deaths in Indianapolis, Indiana’s capital and largest city, doubled between 2014-2015.⁵

Poor treatment access and the lack of recovery-oriented services has led to poor recovery outcomes.⁶ Peer recovery coaches (PRCs) are a possible solution to improving treatment in recovery-oriented treatment services.

Defining A Peer Recovery Coach

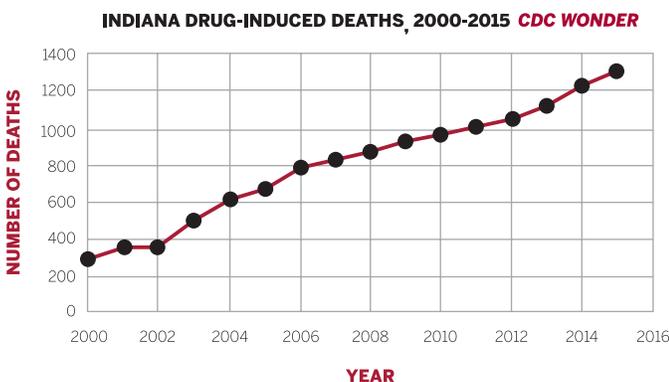
The Substance Abuse and Mental Health Services Administration (SAMHSA) defines peer recovery support services as those delivered by a person with a history of addiction and recovery.⁷ Because of their personal experiences, PRCs are able to connect with those overcoming addiction in ways traditional service providers are often not. As such, PRCs provide a more holistic, client-centered approach to OUD treatment than traditional models based on short-term, standardized interventions that do not take into account the individual situation and needs of those seeking treatment.^{6,8} The role of a PRC is to act as a mentor, guide, and role model to those with OUD by providing a range of support services that include “instrumental, emotional, informational, and affiliational support.”⁷ PRCs are different from 12-step program “sponsors,” and they are not simply counselors. Prior to practicing, PRCs complete a certification training, which teaches them how to best connect with and provide for their clients.⁹ PRCs are often located in programs operating from a recovery-oriented systems of care (ROSC) model, which offers comprehensive services to treat substance use disorder and emphasizes working to improve an individual’s internal and external recovery resources.⁸

Emerging Evidence

Research on the benefits of PRCs is growing, and several studies emphasize the value of PRCs in practice. A systematic review evaluating the use of PRCs reported significant decreases in substance use and improved recovery capital (e.g., housing stability, self-care, independence, and health management) for patients who used PRC services.⁸ Research also points to an increased likelihood of abstinence among those exposed to PRCs.^{8,10} Studies examining effects of recovery coaching on recidivism rates in ex-offenders living with OUD show those who work closely with a PRC are less likely to become repeat offenders when compared to those who do not receive PRC treatment.^{11,12}

Peer Recovery Coach Work Settings

OUD treatment providers across the country have begun incorporating PRCs. Some of the settings in which PRCs have been integrated include recovery



organizations, rehabilitation programs, detox clinics, churches, re-entry programs, and other community health settings.¹³ Hospitals in Indiana, Ohio, and Rhode Island have implemented PRCs in emergency department settings so they can immediately connect overdose survivors to treatment.^{14,15} Prisons are also now implementing PRC programs to treat inmates with OUD, as did two prisons in Maine.¹⁶ Recovery organizations in several other states, including Pennsylvania, New York, and Delaware, are beginning to create treatment programs that utilize PRCs.¹⁴

Barriers to PRC Implementation in Treatment

One barrier affecting the implementation of PRCs is that many of these individuals have been involved in the criminal justice system, often as a result of substance use, and organizations are unwilling to hire those with a criminal history. However, the National Employment Law Project (NELP) cites several studies in which the benefits of hiring those with a criminal history are evidenced, including economic growth, reduced rates of recidivism, and improved public safety.¹⁷ Other barriers that hinder the use of PRCs include: lack of protocols and definite roles given the novelty of the position; the tendency of health care professionals to disregard PRCs as legitimate providers; and the inability of health care organizations to implement PRCs due to an incapacity to support them, both organizationally and financially.¹³ There is currently no central funding source available in Indiana to pay for the implementation of PRCs in work settings. Another challenge when implementing PRCs is they might not be trained to appropriately handle some of the concerns that arise among clients with OUD. For example, a PRC may not know how to properly help a client who reports having suicidal ideations.¹⁸ Additionally, PRCs are faced with the challenge of finding a balance between the role of a professional and the role of a peer. In some cases, PRCs may gradually take on a more professional role and lose their peer identity.¹³

Possible Solutions

High levels of support and encouragement from all members of a healthcare organization create a smooth transition of PRCs into the work setting. Creating continuing education requirements for PRCs and increasing supervision and mentoring of coaches will also result in a successful PRC program.¹⁸ In addition, connecting PRCs to the greater recovery community as a way to facilitate networking can allow them to have more success in their roles. Open communication and feedback between a PRC and supervisory staff creates a strong working relationship and addresses areas of needed improvement.¹⁸ Medicaid reimbursement for PRCs is available in 36 states and could be used to cover the cost of providing PRCs in Indiana.¹⁹ Finally, a recovery organization in Rhode Island is using PRCs in the form of a mobile outreach team, as opposed to in a traditional health care setting. This utilizes the authentic, relatable qualities of a PRC and may help to prevent PRCs from shifting into a role that is too professional.²⁰

Conclusion

PRCs are an essential tool needed to combat the opioid epidemic in Indiana. Evidence regarding the use of PRCs as an effective OUD treatment tool is continually developing and strengthening. It is expected that expanded use of PRCs will result in higher treatment access and engagement and, thus, lower rates of opioid-related mortality. However, several barriers need to be addressed before successful integration of PRCs into a work setting can be achieved.

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Prepared by: *Emily Sights, BPH; Dennis P. Watson, PhD; Bradley Ray, PhD; Lisa Robison, MPH; Samantha Childress, BPH; & Madison Anderson, BFA.*

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