The Value of the Peer Workforce

Examining the positive impact peers have had upon the behavioral health, criminal justice, and homeless services systems (so far!)

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Opioid Response Network

Presentation Agenda

- Stigma/BIAS

- Why peers?

- Peer roles/models

- Expanding peer services further

- Wraparound supports
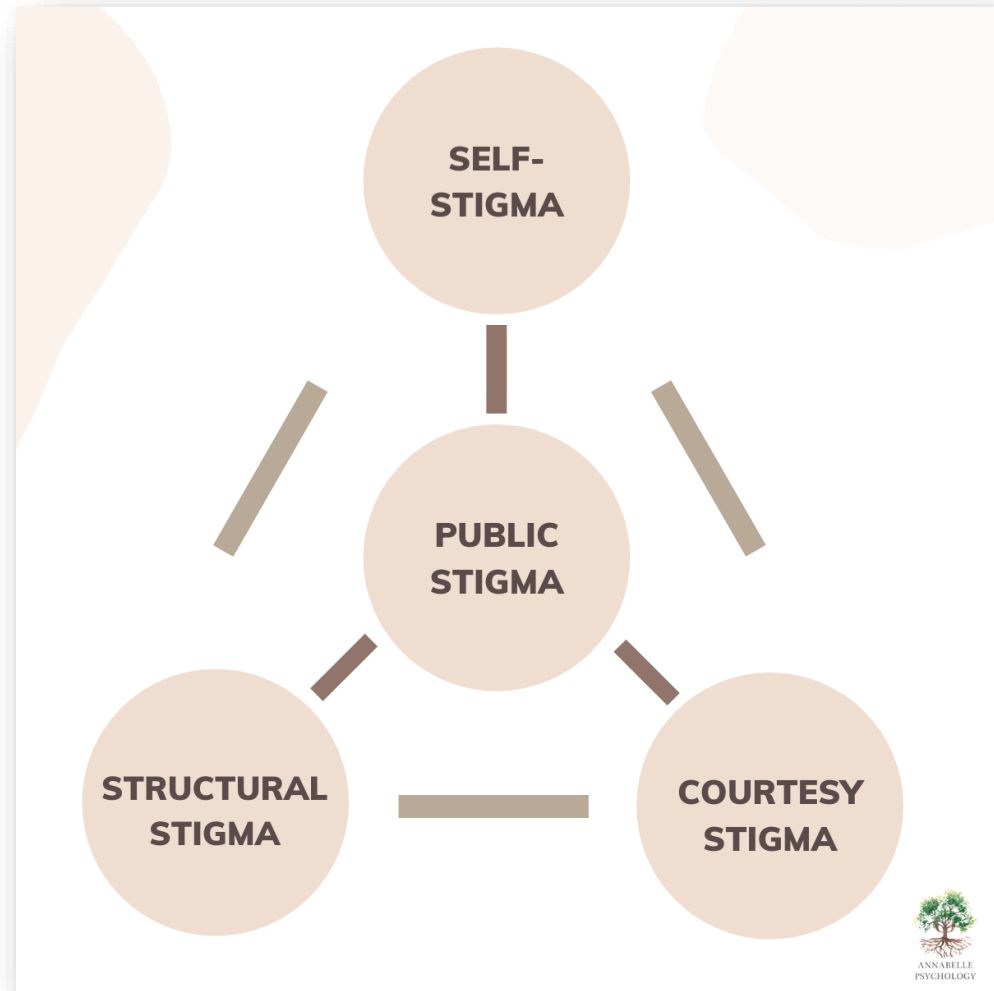
Stigma: A Conversation About Addiction and Recovery

https://youtu.be/FDj10KepUX4

Courtesy Stigma

Courtesy: family members/friends of person with mental or substance disorders SUD experience avoidance, less funding available, communities lose resources

Intervention: discrimination and prejudice from other healthcare professionals stigmatize patients and health professionals involved with a medical treatment or other form of intervention (e.g., HIV, MAT)

SELF-STIGMA

PUBLIC STIGMA

STRUCTURAL STIGMA

COURTESY STIGMA

ANNABELLE PSYCHOLOGY

Beyond courtesy stigma: Towards a multi-faceted and cumulative model of stigmatization of families of people in prison: https://www.sciencedirect.com/science/article/pii/S266635382030014X

Stigma Is Pernicious

"Beyond just impeding the provision or seeking of care, stigma may actually *enhance or reinstate drug use*, playing a key part in the vicious cycle that drives addicted people to continue using drugs."

~ Dr. Nora Volkow

"Abuser" and "abuse" *can evoke <u>automatic</u> negative thoughts* about SUD.

The Real Stigma of Substance Use Disorders

In a study by the Recovery Research Institute, participants were asked how they felt about two people *"actively using drugs and alcohol."*

One person was referred to as a "substance abuser"

The other person as "having a substance use disorder"

No further information was given about these hypothetical individuals.

THE STUDY DISCOVERED THAT PARTICIPANTS FELT THE "SUBSTANCE ABUSER" WAS:

- less likely to benefit from treatment
- more likely to benefit from punishment
- more likely to be socially threatening
- more likely to be blamed for their substance related difficulties and less likely that their problem was the result of an innate dysfunction over which they had no control
- they were more able to control their substance use without help

7

https://www.recoveryanswers.org/research-post/the-real-stigma-of-substance-use-disorders/

What Is "Implicit Bias?"

An Introduction to Unconscious Bias: https://youtu.be/KCgIRGKAbfc

These tendencies are the foundation of stereotyping, prejudice and ultimately may result in discriminatory decisions or actions, **even if those decisions or actions might <u>not</u> be what we consciously intend or acknowledge.**

World Impact of Implicit Bias: Sneaky & Pervasive

rchers who employ the Implicit Associations Test (IAT) found that the majority of tested cans harbor negative implicit attitudes and stereotypes toward blacks, dark-skinned people.

onsistently and implicitly (unconsciously) associate black with negative attitudes such as bad npleasant, and with negative stereotypes such as aggressive and lazy.

Moving Beyond Bias

- Acknowledge we all have biases

- Organize, convene and/or participate in trainings that raise awareness about implicit biases and their impact

- Build positive relationships with members of groups outside your own

- Consider the attributes of the individual apart from their group

- Learn about and practice Cultural Humility and proficiency

When People Recover From Addiction Today...

Peer Support has usually had a significant role in supporting their recovery Journey!

CONTRIBUTIONS AND BENEFITS OF PEER SUPPORT

- **Link people** to share knowledge and experience

- Provide **health education** to individuals and communities

- Give **practical assistance** to achieve and sustain complex health behaviors like those of diabetes management

- Offer **emotional and social support**

- Help people **cope with the stressors** that accompany health problems

- Help people **access and navigate clinical care** and **community resources** that they need

- Increase **individual and community capacity** for understanding health problems and promoting ways to address them

- **Advocate** for patients and their communities

- Build **relationships based on trust** rather than expertise

- Build **cultural competence** of health care providers

- Improve **two-way communication** between patients and health care teams

- Help **address complex multi-morbidities**, serving as a bridge between primary care and behavioral health

12

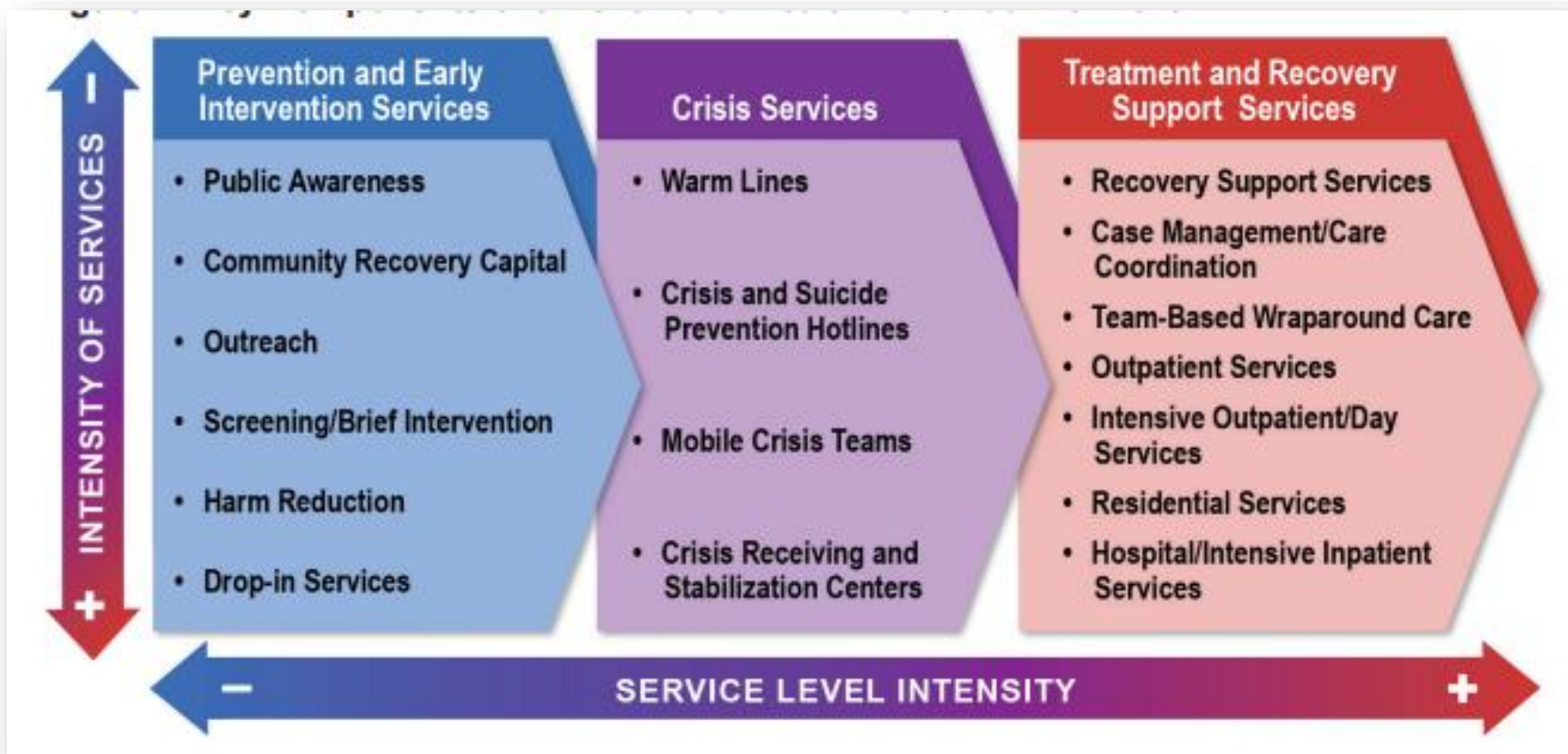# Roles of a Peer Worker

- **Reducing stigma and bias!**

- Advocacy/education of value and evidence-base Developing/providing resources, supports, services

- Relationship skill building, mentoring, coaching

- Supervision

- Program/agency administration

- Raises awareness of evidence-based approach

Trauma Informed, powerful "cred," dignity & respect to ppl who haven't had any for a very long time, better team outcomes, recovery support & guidance, **fierce** advocacy, hope warriors, culturally competent & humble, embracing & continually living the principles of recovery, normalizing behavioral health conditions, modeling recovery, & changing the landscape from punitive to compassionate,, **saving countless lives in the process…**

These are the most critical roles of a peer worker

Models *Typically* Delivering Peer Services

- Peer-run organizations
- Integrated organizations (embedded)
- Hybrid structures (bridge services across healthcare domains)

INTENSITY OF SERVICES

Prevention and Early Intervention Services
- Public Awareness
- Community Recovery Capital
- Outreach
- Screening/Brief Intervention
- Harm Reduction
- Drop-in Services

Crisis Services
- Warm Lines
- Crisis and Suicide Prevention Hotlines
- Mobile Crisis Teams
- Crisis Receiving and Stabilization Centers

Treatment and Recovery Support Services
- Recovery Support Services
- Case Management/Care Coordination
- Team-Based Wraparound Care
- Outpatient Services
- Intensive Outpatient/Day Services
- Residential Services
- Hospital/Intensive Inpatient Services

SERVICE LEVEL INTENSITY

Who Are Peer Workers? https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers

Emerging Models & Roles: *The Field is Exploding!*

"Peer support services are an integral component of the behavioral health continuum of care—from prevention and early intervention to treatment, recovery, and crisis services." SAMHSA

Peers are showing up everywhere:

ERs, neonatal units, Jail/prison reentry, youth/family veteran supports, crisis care, MAT specialization, homeless outreach, faith-based…

And we're just getting started!

15

Wrap-Around Supports: Do They Matter?

- Housing

- Treatment

- Self help groups

- Crisis & respite care

- Community healthcare

- Legal services

- Skills training

Eight Dimensions of Wellness

EMOTIONAL
Coping effectively with life and creating satisfying relationships

SOCIAL
Developing a sense of connection, belonging, and a well-developed support system

SPIRITUAL
Expanding our sense of purpose and meaning in life

OCCUPATIONAL
Personal satisfaction and enrichment derived from one's work

INTELLECTUAL
Recognizing creative abilities and finding ways to expand knowledge and skills

FINANCIAL
Satisfaction with current and future financial situations

PHYSICAL
Recognizing the need for physical activity, diet, sleep, and nutrition

ENVIRONMENTAL
Good health by occupying pleasant, stimulating environments that support well-being

Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov

Does Peer Support Work?

Harm Reduction 101

Harm reduction services include...

Syringe Access · Syringe Disposal · Safer Drug Use · Naloxone · Medication Assisted Treatment · Supervised Consumption Services · Drop-In Centers · Housing First · Pharmacy Access · Referral & linkage

1. Accepts drug use is common
2. Use is complex, multi-faceted
3. Establishes quality of individual and community life
4. Non-judgmental or coercive provision of services/resources

5. Voice in the creation of programs & policies
6. Reducing harm of use
7. Recognizes social inequalities keep people from seeking help
8. Doesn't ignore potential harm and danger of drug use

18

The Truth About Harm Reduction

Approaches & services:

Supervised drug consumption services

Syringe Services Programs

Low-Barrier Medication– Assisted Treatment

Supervised Consumption Services

Hep C Testing and Treatment

Safer Sex Supplies

Advocacy for PWUD

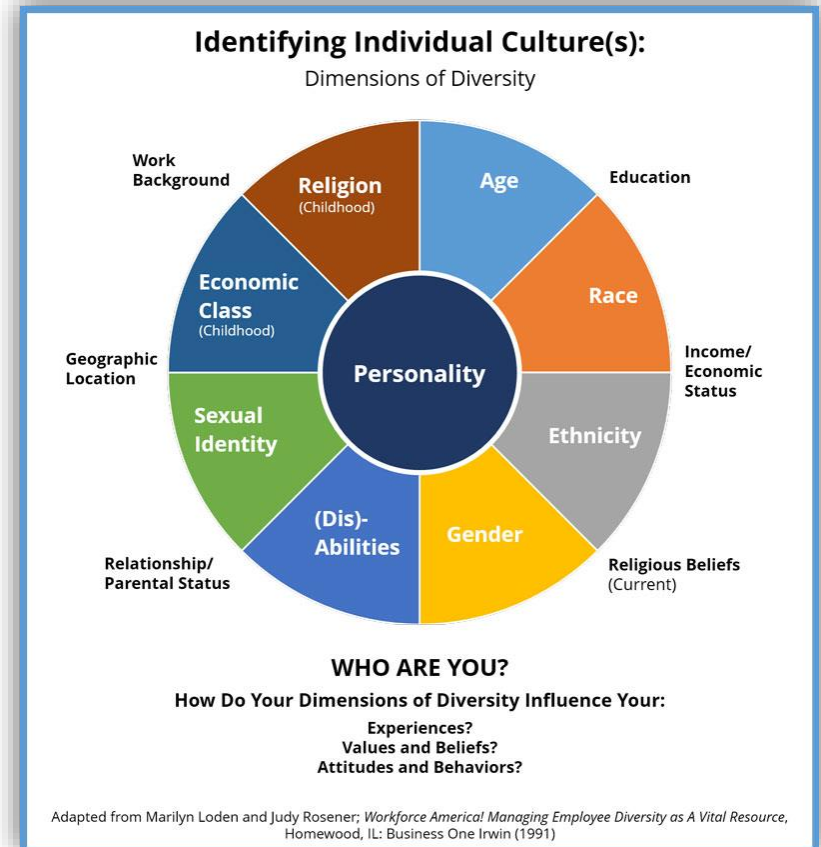| Myths	Facts
Harm reduction is opposed to abstinence and therefore conflicts with traditional substance abuse treatment.	Harm reduction is not at odds with abstinence; instead, harm reduction includes it as one possible goal across a continuum of possibilities that include safe use and managed use.
Harm reduction encourages drug use.	Harm reduction is neither for, nor against, drug use. It does not seek to stop drug use, unless individuals make that their goal. Harm reduction focuses on supporting people's efforts to reduce the harms created by drug use or other risky behaviours. Numerous studies have demonstrated that harm reduction programs neither increase substance use, nor do they increase the number of new users. Some studies have shown that harm reduction programs actually increase exposure to treatment options.
Harm reduction takes money away from other programs.	In Canada, the trend has been that the vast majority of funds go toward enforcing the current drug laws. Only a small fraction (~2%) goes toward harm reduction programs or services.
By making condoms or safer drug use equipment available at program sites, programs will undermine policies that state that clients cannot have sex or use drugs on the premises.	Making harm reduction equipment and information readily available shows commitment to the health of the overall community. It demonstrates that you value individuals' health and well-being, and creates opportunities to have open and honest conversations about varying levels of risks associated with these practices. There is no evidence that making these tools available leads to an increase in the level of these activities either inside or outside programs. (Superior Points Harm Reduction Program)

A Word About the Influence of Subcultures, OUD Treatment Efficacy, and engaging the Person in Active Use

Subculture Influence on Treatment and Recovery

People can become as addicted to the subculture of addiction as they are to the central sacraments of that culture

Recovery as a Cultural Journey, W. White 2016 https://www.chestnut.org/Blog/Posts/156/William-White/2016/5/Recovery-as-a-Cultural-Journey/blog-post/

Stigma Reduction:
MAT/MOUD Vs Abstinence-Only Approaches for OUD

- MAT has *much higher success rates* than abstinence - *for OUD*

- 49%+ of MAT users successfully manage OUD compared to 7% using abstinence-based programs.

- *Retention was greater for MAT* (**438.5 days**) compared to abstinence-based treatment (**174 days**).

- National Treatment Outcome Research Study showed **significantly lower rates of opioid misuse in individuals using MAT** compared to abstinence-based treatment.

- MAT program participants reported *significant improvement* in quality of life on MAT, but...

Percentage dropped from 49% in patients receiving Medication for Addiction Treatment to 7% when they were tapered off the medication.

Engaging the Pre-contemplative Individual

The influence and "draw power" of subcultures is significant. ***The onus is on us*** to revise support approaches as appropriate in order to:

- Identify area intercept/contact locations for engaging

- Use peers to act as the bridge to services, supports, and importantly, mainstream culture and community

- Engage with *multiple* cultural competencies & humility, harm reduction principles, and *suspended* biases

- Engage around something that *matters* to the person i.e. "ending the dopesick"
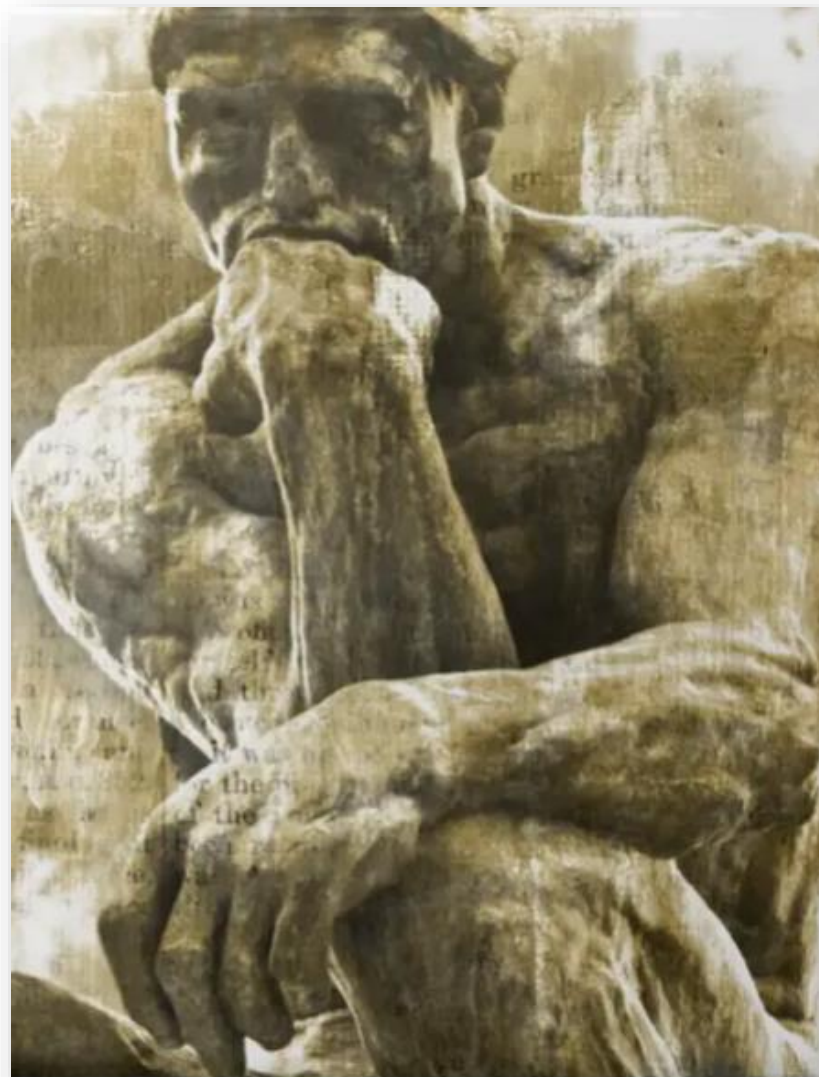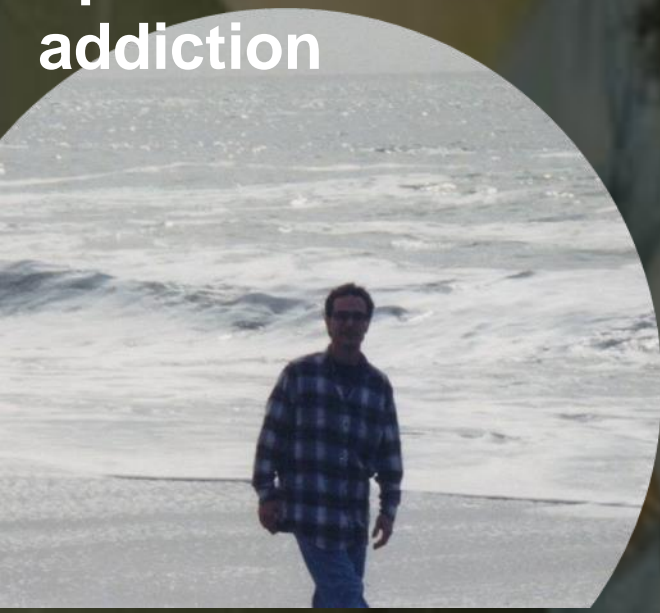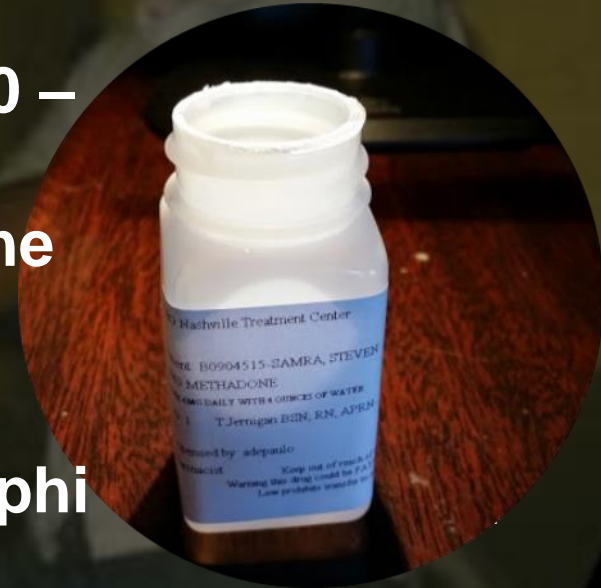
Wearing the Past on My Sleeve

Long Beach, CA 1999:

Waiting to die from opioid & cocaine addiction

Folsom Prison 1996: Cannabis Conviction/incarceration

MAT: 2000 – 2014: methadone

2019 – present: buprenorphine

Trainer Contact Info

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References & Resources

An Introduction to Unconscious Bias: https://youtu.be/KCgIRGKAbfc

Best practices in Outreach, Kraybill, K., Samra, S, Nevada PATH training ppt, 9/14/2021

Beyond courtesy stigma: Towards a multi-faceted and cumulative model of stigmatisation of families of people in prison: https://www.sciencedirect.com/science/article/pii/S266635382030014X

Harm Reduction: https://nida.nih.gov/research-topics/harm-reduction

Harm Reduction Principles: https://www.thenationalcouncil.org/program/harm-reduction/?gclid=Cj0KCQjwocShBhCOARIsAFVYq0iNY3dJXXvF1oQ86pF7cYSHywlPkXYJuF2f2frk9I20pyNW6ipse7AaAqUGEALw_wcB

Models of Peer Support: http://peersforprogress.org/resource-guide/models-of-peer-support/

PEER SUPPORT SERVICES IN CRISIS CARE: https://store.samhsa.gov/sites/default/files/pep22-06-04-001.pdf

Peer Support Workers for those in Recovery https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers

The Real Stigma of Substance Use Disorders: https://www.recoveryanswers.org/research-post/the-real-stigma-of-substance-use-disorders/

Value of peers: https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/value-of-peers-2017.pdf

What is Implicit Bias: Source: https://www.mainephilanthropy.org/resources/hiding-plain-sight-implicit-bias-presentation

Who Are Peer Workers? https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers

Wraparound Programs: https://www.ruralhealthinfo.org/toolkits/services-integration/2/care-coordination/wraparound

Review, Wrap up and Next steps