

# 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

OVER  
800,000

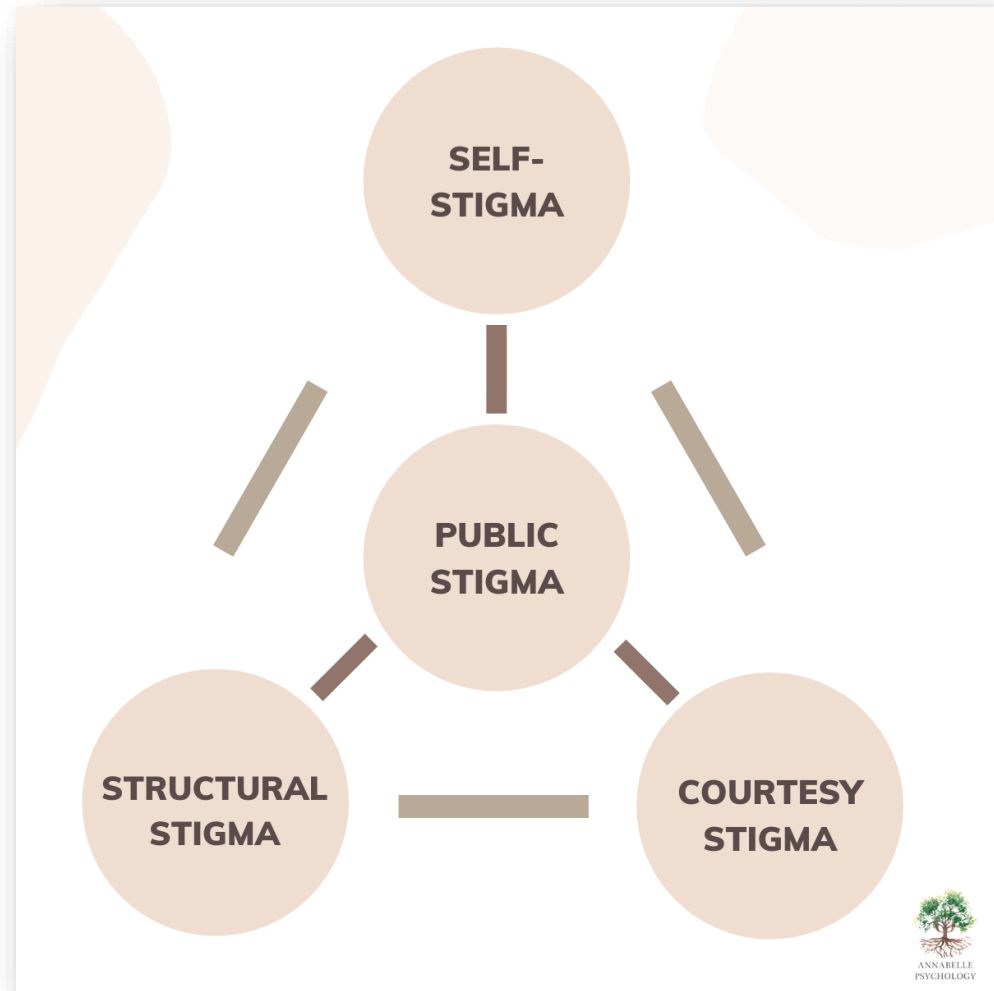
DRUG OVERDOSE DEATHS SINCE 1999



# 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)



# 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



# Words Matter

“Abuser” and “abuse” *can evoke automatic 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



# What Is “Implicit Bias?”







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

## World Impact of Implicit Bias: Sneaky & Pervasive

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

***Consistently and implicitly*** (unconsciously) associate black with negative attitudes such as bad  
unpleasant, 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...

A person is seen from behind, walking up a wide, modern staircase. The staircase is flanked by dark, textured walls and has metal railings. At the top of the stairs, a bright light emanates from an opening, creating a strong silhouette effect. In the background, a multi-story building with many windows is visible. The overall scene conveys a sense of hope and progress.

**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



# Roles of a Peer Worker

- **Reducing stigma and bias!**

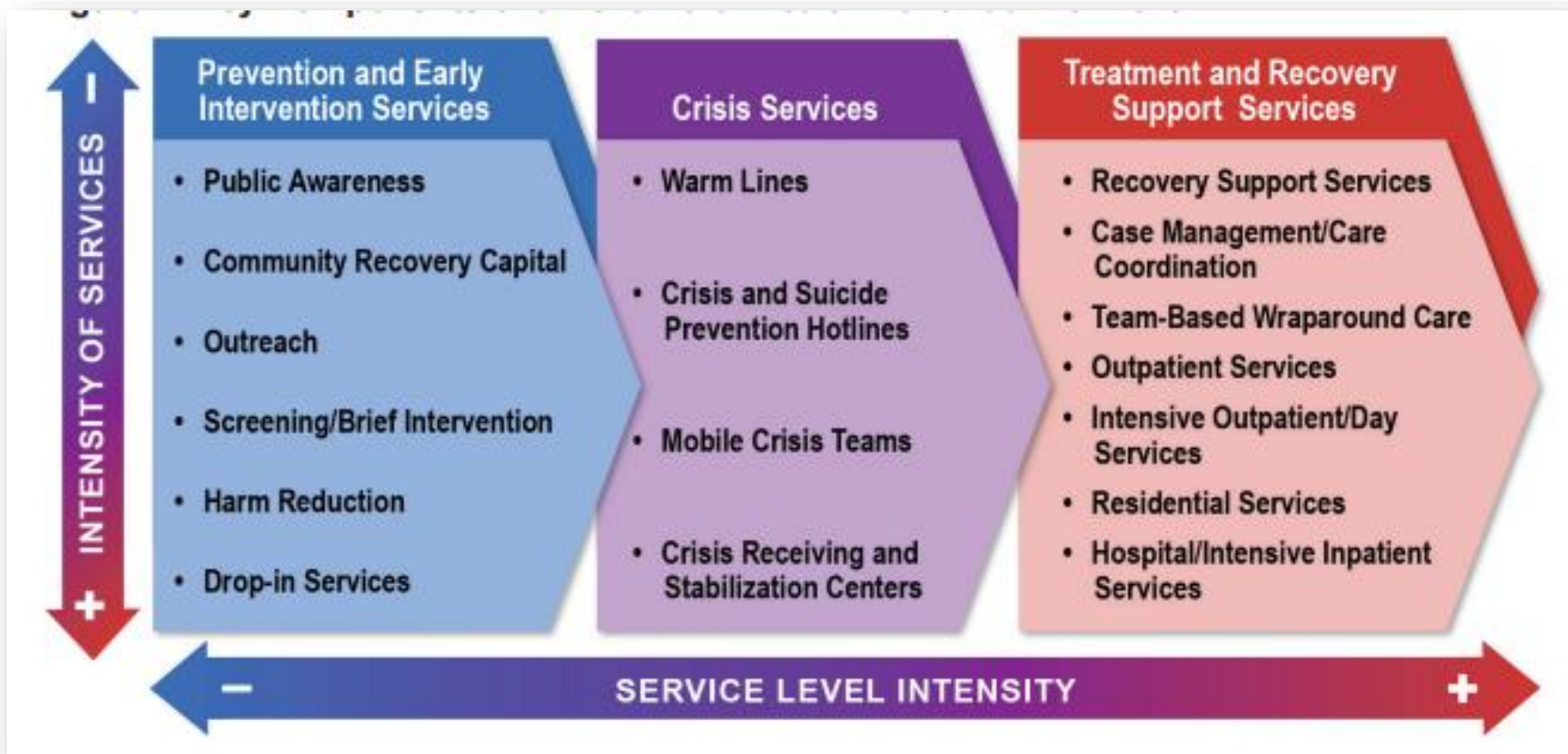
- Advocacy/education of value and evidence-base  
Developing/providing resources, supports, services
- Relationship skill building, mentoring, coaching
- Supervision
- Program/agency administration
- Raises awareness of evidence-based approach

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)



# 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!**



# Wrap-Around Supports: Do They Matter?

- Housing
- Treatment
- Self help groups
- Crisis & respite care
- Community healthcare
- Legal services
- Skills training

## Eight Dimensions of Wellness



SOURCE: Adapted from Swarbrick, M. (2006). A wellness approach. *Psychiatric Rehabilitation Journal*, 29(4), 311–314.



# Does Peer Support Work?



## HOW DOES PEER SUPPORT HELP?

The role of a peer support worker complements, but does not duplicate or replace the roles of therapists, case managers, and other members of a treatment team.

Peer support workers bring their own personal knowledge of what it is like to live and thrive with mental health conditions and substance use disorders. They support people's progress towards recovery and self-determined lives by sharing vital experiential information and real examples of the power of recovery. The sense of mutuality created through thoughtful sharing of experience is influential in modeling recovery and offering hope (Davidson, Bellamy, Guy, & Miller, 2012).

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## DOES PEER SUPPORT MAKE A DIFFERENCE?

Emerging research shows that peer support is effective for supporting recovery from behavioral health conditions. Benefits of peer support may include:



**Increased self-esteem and confidence**  
(Davidson, et al., 1999; Salzer, 2002)



**Increased sense of control and ability to bring about changes in their lives**  
(Davidson, et al., 2012)



**Raised empowerment scores**  
(Davidson, et al., 1999; Dumont & Jones, 2002; Ochocka, Nelson, Janzen, & Trainor, 2006; Resnick & Rosenheck, 2008)



**Increased sense that treatment is responsive and inclusive of needs**  
(Davidson, et al., 2012)



**Increased sense of hope and inspiration**  
(Davidson, et al., 2006; Ratzlaff, McDiarmid, Marty, & Rapp, 2006)



**Increased empathy and acceptance (camaraderie)**  
(Coatsworth-Puspok, Forchuk, & Ward-Griffin, 2006; Davidson, et al., 1999)



**Decreased psychotic symptoms**  
(Davidson, et al., 2012)



**Increased engagement in self-care and wellness**  
(Davidson, et al., 2012)



**Reduced hospital admission rates and longer community tenure** (Chinman, Weingarten, Stayner, & Davidson, 2001; Davidson, et al., 2012; Forchuk, Martin, Chan, & Jensen, 2005; Min, Whitecraft, Rothbard, Salzer, 2007)



**Increased social support and social functioning**  
(Kurtz, 1990; Nelson, Ochocka, Janzen, & Trainor, 2006; Ochocka, et al., 2006; Trainor, Shepherd, Boydell, Leff, & Crawford, 1997; Yanos, Primavera, & Knight, 2001)



**Decreased substance use and depression**  
(Davidson, et al., 2012)

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# Harm Reduction 101



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

# 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)

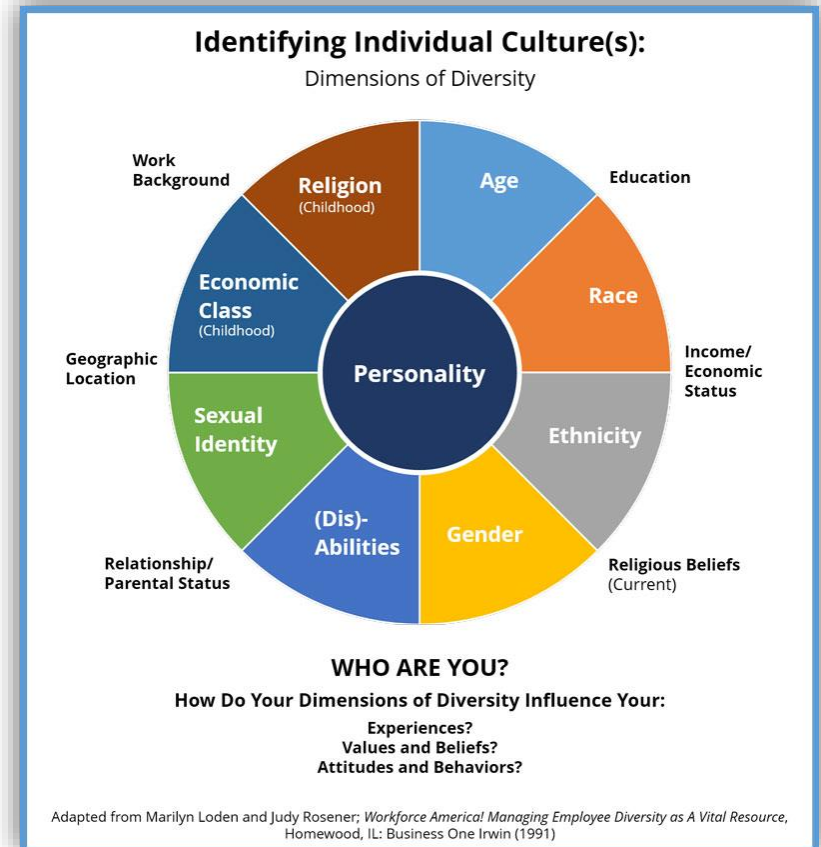


**A Word About the  
Influence of Subcultures,  
OUD Treatment Efficacy,  
and engaging the Person  
in Active Use**



# 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*



# 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...

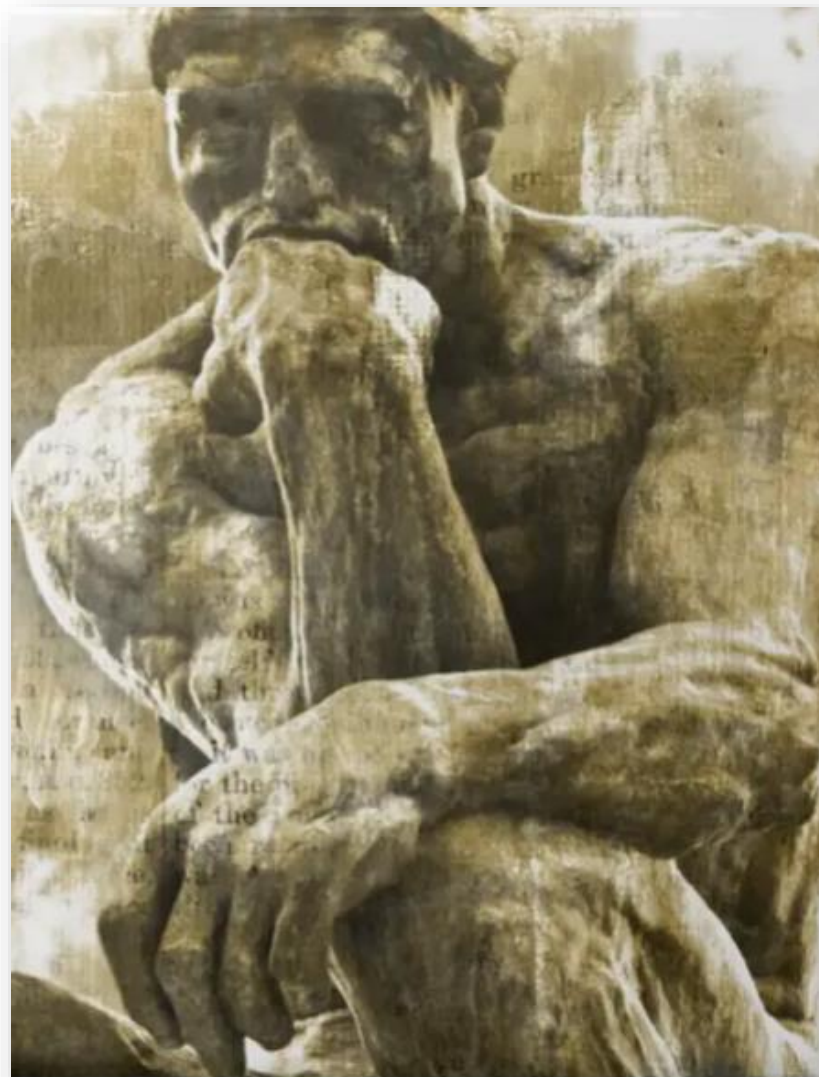
***Percentage dropped from 49% in patients receiving Medication for Addiction Treatment to 7% when they were tapered off the medication.***



# 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”

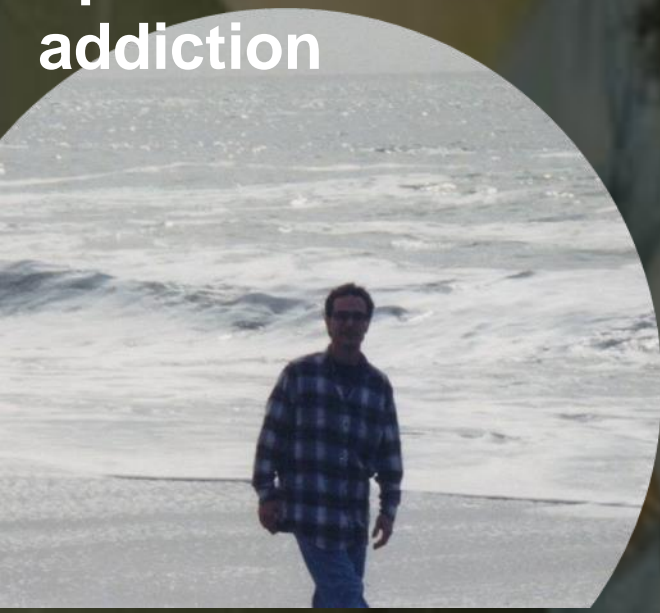




# Wearing the Past on My Sleeve

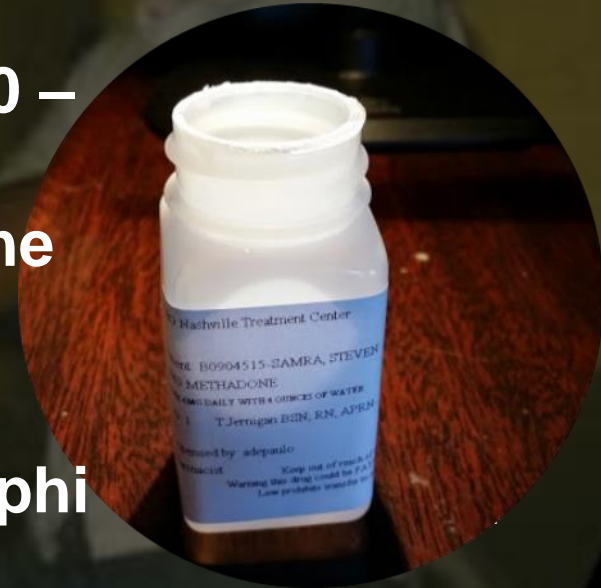
**Long Beach, CA  
1999:**

**Waiting to die from  
opioid & cocaine  
addiction**



**Folsom Prison 1996:  
Cannabis  
Conviction/incarceration**

**MAT: 2000 –  
2014:  
methadone  
2019 –  
present:  
buprenorphi  
ne**



# 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=Cj0KCQjwocShBhCOARIsAFVYq0iNY3dJXXvF1oQ86pF7cYSHywIPkXYJuF2f2frk9I20pyNW6ipse7AaAqUGEALw\\_wcB](https://www.thenationalcouncil.org/program/harm-reduction/?gclid=Cj0KCQjwocShBhCOARIsAFVYq0iNY3dJXXvF1oQ86pF7cYSHywIPkXYJuF2f2frk9I20pyNW6ipse7AaAqUGEALw_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](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**