Peer-delivered Recovery Support Services in Addiction Treatment: A Scoping Review

Lauren Perron, M.A.; Steven Belenko, Ph.D.
Temple University

AHSR 2020 VIRTUAL

BACKGROUND:

- Increasing efforts to incorporate peer recovery support (PRS) services into existing models of substance abuse treatment, with the purpose of supporting positive, long-term recovery outcomes and treatment initiation and retention (Eddie et al., 2019; White & Kelly, 2011).
- PRS grew in popularity starting in the 1990s and peer navigator models have been utilized in the chronic care of medical conditions, such as cancer and for those with serious mental health conditions (Corrigan et al., 2017)
- There is substantial evidence that long-term chronic care treatment models are helpful for treating substance use disorders (McLellan et al., 2000; Scott & Dennis, 2010)
- Given the high rates of substance use and treatment need among offender populations, it is necessary to expand accessibility of substance use treatment and improve the quality of service delivery for these populations
- Although 45% of federal prison inmates and 53% of state prison inmates were dependent or addicted to drugs, only 17% and 15% percent of these offenders accessed treatment since admission to prison (Mumola & Karberg, 2006)
- Less than half of recently-released inmates with SUDs received substance abuse treatment within one year of release (Mallik-Kane & Visher, 2008).

CONCEPTUAL FRAMEWORK – Lived Experience:

- Rely on personal lived experiences with substance abuse and going through recovery process to inform their actions and relationship with the client (Reif et al., 2014; Reingle Gonzalez et al., 2019)
- Establish a deep rapport with clients, adding to PRSs' credibility and trustworthiness (Reingle Gonzalez et al., 2019; White, 2009)
- Can increase clients' recovery capital, which can reduce stress and improve quality of life for those in recovery (Reingle Gonzalez et al., 2019; Laudet, Morgen, & White, 2006; White, 2009)
- Can improve clients' abstinence self-efficacy and combat the stigma and isolation that often accompanies the status of being an addict or a criminal (Marlow et al., 2015; Reingle Gonzalez et al., 2019; White, 2009)

RESEARCH QUESTIONS:

- To what extent do peer recovery support services impact substance use-related outcomes?
- What are the gaps in the existing substance use treatment literature related to PRS services?
- In what ways can existing peer recovery support services literature be improved or expanded?

METHODS:

- Variety of peer reviewed journals and literature databases
- **Combination of key search terms included**
  - "peer recovery support", "peer-based recovery services", "peer-delivered recovery support services", "peer recovery support specialists", "peer navigators", "peer recovery coaches", "effectiveness of", and "recovery outcomes associated with"
- Considered studies that examined interventions involving a PRS component and their effectiveness in terms of treatment engagement, drug abstinence, health service utilization, and other related outcomes
- Excluded studies evaluating mutual aid modalities of peer support
- Twenty-nine studies included in the review

Key Outcomes

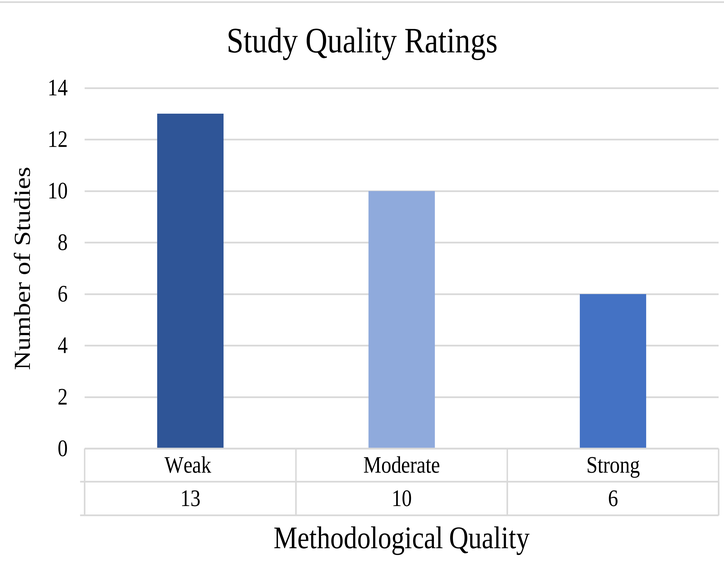
- Treatment Engagement
- Overdose Mortality
- Emotional and Social Outcomes
- Drug Abstinence
- Health Services Utilization
- Criminal Justice Outcomes
- Reduction of Other Health Risk Behaviors

KEY FINDINGS

- PRS were associated with a **greater likelihood of attending treatment**, **more frequent treatment attendance**, **increased treatment linkages**, **greater treatment retention**, **higher numbers of contact with behavioral health clinicians, greater treatment satisfaction and engagement** (Cos et al., 2019; James et al., 2014; Mangrum, 2008; Manning et al., 2012; O'Connell et al., 2020; Timko & Debenedetti, 2007; Timko et al., 2006; Timko et al., 2011; Tracy et al., 2011)
  - There were **mixed results** in terms of the relationship between PRS and **treatment completion** (James et al., 2014; Mangrum, 2008)
- PRS were associated with **greater subsequent drug abstinence** across multiple substance types, including alcohol, cocaine, heroin, and alcohol. (Armitage, Lyons, & Moore, 2010; Bernstein et al., 2005; Cos et al., 2019; Mangrum, 2008; Rowe et al., 2007; Timko & Debenedetti, 2007; Timko et al., 2006; Timko et al., 2011; Velasquez et al., 2009).

Peer Recovery Support Services Defined

- peer recovery specialists (PRS) require **formalized training and have a defined role in the recovery process** (Bassuk et al., 2016, Goodson, Morash, & Kashy, 2019)
- **facilitate client engagement** with treatment program by providing **informational/emotional support**, help clients **navigate transitions** between levels of care and to other health and social services (White, 2009; White & Evans, 2014)
- potential to **fill critical care gaps** in substance abuse treatment and can play an important role in **recovery management**
- reflect a greater reliance on recovery-oriented approaches that **emphasize chronic care management, a continuum of care, and quality of life** (Clark, 2007; SAMHSA, 2011)
- roles and responsibilities of the peer **vary greatly** by the intervention and are **referred to in the recovery literature using a variety of terms**, including peer coaches, peer mentors, peer navigators, peer leader, among other terms



Note: Quality assessments considered a combination of factors, including study design, data collection methods, selection bias, attrition, sample size, and confounders

FINDINGS (continued)

- PRS reduced need for substance use-related emergency and urgent care services utilization, though the **results are mixed**; PRS have **increased primary care provider visits** (Binswanger et al., 2015; Davidson et al., 2012; Kamon, 2013; Min et al., 2007; Samuels et al., 2018; Scott et al., 2018).
- PRS **reduced other health risk behaviors**, including sexual and IDU risk behaviors (Batchelder et al., 2017; Go et al., 2013; Latka et al., 2008; Purcell et al., 2007; Roose et al., 2014).
- PRS can improve emotional, social, and quality of life outcomes, including **lower levels of perceived stress, lower odds of experiencing serious tension or anxiety, greater perceived self-efficacy, increased perceived support, social functioning, hope, satisfaction with family life, belongingness with the community, optimism, and self-confidence** (Andreas, Ja, & Wilson, 2010; Boisvert et al., 2008; Davidson et al., 2012; O'Connell et al., 2020; Smelson et al., 2013).
- Mixed results for reducing **recidivism** (Bauldry et al., 2009; Belenko et al., 2019; Lynch et al., 2018; Rowe et al., 2007)

LIMITATIONS:

- Lack of methodological rigor in many studies
- Lack of standardization of PRS components
- Few studies have examined the direct effect of PRS on recovery outcomes, or long-term outcomes

DISCUSSION:

- Need for higher-quality research to evaluate PRS effectiveness, including RCTs, strong quasi-experimental designs, and mixed methods designs
- Future studies should collect more extensive data on the specific nature of the relationship between the clients and PRSs and should include more follow-up points to examine longitudinal effects
- Need for greater integration of PRS in criminal justice settings; explore how probation/parole officers can support recovery and work collaboratively with PRS to promote client recovery

REFERENCES

- Armitage, E., Lyons, H., & Moore, T. L. (2010). Recovery Association Project (RAP), Portland, Oregon. *Alcoholism Treatment Quarterly*, *28*(3), 339-357.
- Bassuk, E. L., Hanson, J., Greene, R. N., Richard, M., & Laudet, A. (2016). Peer-delivered recovery support services for addictions in the United States: A systematic review. *Journal of Substance Abuse Treatment*, *63*, 1-9.
- Batchelder, A., Cockerham-Colas, L., Peyser, D., … & Litwin, A. (2017). Perceived benefits of the hepatitis C peer educators: a qualitative investigation. *Harm Reduction Journal*, *14*(1), 67.
- Bauldry, S., Korom-Djakovic, D., McClanahan, W. S., McMaken, J., & Kotloff, L. J. (2009). Mentoring formerly incarcerated adults: Insights from the ready4work reentry initiative. Field Report Series. *Public/Private Ventures*.
- Belenko, S., Bodas LaPollo, A., Schmonsees, M., Rivera, R.., & Marlowe, D. (2019). *Integrating peer recovery support specialists into the adult drug court: Lessons learned from a randomized experiment*. Paper presented at the National Association of Drug Court Professionals, National Harbor, MD.
- Bernstein, J., Bernstein, E., Tassiopoulos, K., … & Hingson, R. (2005). Brief motivational intervention at a clinic visit reduces cocaine and heroin use. *Drug & Alcohol Dependence*, *77*(1), 49-59.
- Binswanger, I. A., Whitley, E., Haffey, P.-R., Mueller, S. R., & Min, S.-J. (2015). A patient navigation intervention for drug-involved former prison inmates. *Substance Abuse*, *36*(1), 34-41.
- Boisvert, R. A., Martin, L. M., Grosek, M., & Clarie, A. J. (2008). Effectiveness of a peer-support community in addiction recovery: participation as intervention. *Occupational Therapy International*, *15*(4), 205-220.
- Clark, H. W. (2007). Recovery as an organizing concept. In W. L. White (Ed.), *Perspectives on systems transformation: How visionary leaders are shifting addiction treatment to-ward a recovery-oriented system of care* (pp. 7–21). Chicago, IL: Great Lakes Addiction Technology Transfer Center.
- Corrigan, P. W., Kraus, D. J., Pickett, S. A., Schmidt, A., Stellon, E., Hantke, E., et al. . (2017). Using peer navigators to address the integrated health care needs of homeless African Americans with serious mental illness. *Psychiatric Services*, *68*, 264–270.
- Cos, T. A., LaPollo, A. B., Aussendorf, M., … & Festinger, D. S. (2019). Do peer recovery specialists improve outcomes for individuals with substance use disorder in an integrative primary care setting? A program evaluation. *Journal of Clinical Psychology in Medical Settings*.
- Davidson, L., Bellamy, C., Guy, K., & Miller, R. (2012). Peer support among persons with severe mental illnesses: A review of evidence and experience. *World Psychiatry*, *11*(2), 123-128.
- Eddie, D., Hoffman, L., Vilsaint, C., … Kelly, J. K. (2019). Lived experience in new models of care for substance use disorder: A systematic review of peer recovery support services and recovery coaching. *Frontiers in Psychology*, *10*(1052).
- Go, V. F., Frangakis, C., Le Minh, . . . Chen, Y. (2013). Effects of an HIV peer prevention intervention on sexual and injecting risk behaviors among injecting drug users and their risk partners in Thai Nguyen, Vietnam: A randomized controlled trial. *Social Science & Medicine*, *96*, 154-164.
- Goodson, M. V., Morash, M., & Kashy, D. A. (2019). The moderating effect of substance abuse treatment engagement on the connection between support from program participants and substance-related recidivism for justice-involved women. *International Journal of Offender Therapy and Comparative Criminology*, 1-19.
- James, S., Rivera, R., & Shafer, M. S. (2014). Effects of peer recovery coaches on substance abuse treatment engagement among child welfare-involved parents. *Journal of Family Strengths*, *14*(6).
- Kamon, J. T., W. (2013). Recovery coaching in recovery centers: What the initial data suggest: A brief report from the Vermont Recovery Network (Press release).
- Latka, M. H., Hagan, H., Kapadia, F., …& Strathdee, S. A. (2008). A randomized intervention trial to reduce the lending of used injection equipment among injection drug users infected with hepatitis C. *American Journal of Public Health*, *98*(5), 853-861.
- Laudet, A., Morgen, K., & White, W. (2006). The role of social supports, spirituality, religiousness, life meaning and affiliation with 12-step fellowships in quality of life satisfaction among individuals in recovery from alcohol and drug problems. *Alcohol Treatment Quarterly*, *24*(1-2), 33-73.
- Lynch, M., Astone, N. M., Collazos, J., Lipman, M., & Esthappan, S. (2018). Arches Transformative Mentoring Program.
- Mallik-Kane, K. & Visher, C. A. (2008). *Health and prisoner re-entry: how physical, mental, and substance abuse conditions shape the process of reintegration*. Washington: Urban Institute Justice Policy Center.
- Mangrum, L. (2008). Creating access to recovery though drug courts: Final evaluation report. Austin, TX: Gulf Coast Addiction Technology Transfer Center.
- Marlow, E., Grajeda, W., Lee, Y., … & Hill, K. (2015). Peer mentoring for male parolees: A CBPR pilot study. *Progress in Community Health Partnerships: Research, Education, and Action*, *9*, 91-100.
- Manning, V., Best, D., Faulkner, N., … Strang, J. (2012). Does active referral by a doctor or 12-Step peer improve 12-Step meeting attendance? Results from a pilot randomized control trial. *Drug and Alcohol Dependence*, *126*, 131–137.
- McLellan, A. T., Lewis, D. C., O'brien, C. P., & Kleber, H. D. (2000). Drug dependence, a chronic medical illness. *J. Am. Medical Assoc.*, *284*, 1689–1695.
- Min, S.-Y., Whitecraft, J., Rothbard, A. B., & Salzer, M. S. (2007). Peer support for persons with co-occurring disorders and community tenure: a survival analysis. *Psychiatric Rehabilitation Journal*, *30*(3), 207.
- Mumola, C. J. & Karberg, J. C. (2006). *Drug use and dependence, state and federal prisoners, 2004*. (NCJ 213530). Washington, DC: Bureau of Justice Statistics.
- O'Connell, M. J., Flanagan, E. H., Delphin-Rittmon, M. E., & Davidson, L. (2020). Enhancing outcomes for persons with co-occurring disorders through skills training and peer recovery support. *Journal of Mental Health*, *29*(1), 6-11.
- Purcell. D. W., Latka, M. H., Metsch, L. R., … & Borkowf, C. B. (2007). Results from a randomized controlled trial of a peer-mentoring intervention to reduce HIV transmission and increase access to care and adherence to HIV medications among HIV-seropositive injection drug users. *JAIDS Journal of Acquired Immune Deficiency Syndromes*, *46*, s35-s47.
- Reif, S., Braude, L., Lyman, D. R., . . . & Delphin-Rittmon, M. E. (2014). Peer recovery support for individuals with substance use disorders: Assessing the evidence. *Psychiatric Services*, *65*(7), 853-861.
- Reingle Gonzalez, J. M., Rana, R. E., Jetelina, K. K., & Roberts, M. H. (2019). The value of lived experience with the criminal justice system: A qualitative study of peer re-entry specialists. *International Journal of Offender Therapy and Comparative Criminology*, *63*(10), 1861-1875.
- Roose, R. J., Cockerham-Colas, L., Soloway, I., Batchelder, A., & Litwin, A. H. (2014). Reducing barriers to hepatitis C treatment among drug users: An integrated hepatitis C peer education and support program. *Journal of Healthcare for the Poor and Underserved*, *25*(2), 652.
- Rowe, M., Bellamy, C., Baranoski, M., … & Sells, D. (2007). A peer-support, group intervention to reduce substance use and criminality among persons with severe mental illness. *Psychiatric Services*, *58*(7), 955-961.
- Samuels, E. A., Bernstein, S. L., Marshall, B. D. L., … & Mello, M. J. (2018). Peer navigation and take-home naloxone for opioid overdose emergency department patients: preliminary patient outcomes. *Journal of Substance Abuse Treatment*, *94*, 29–34.
- Scott, C. K., Grella, C. E., Nicholson, L., & Dennis, M. L. (2018). Opioid recovery initiation: Pilot test of a peer outreach and modified recovery management checkup intervention for out-of-treatment opioid users. *Journal of Substance Abuse Treatment*, *86*, 30-35.
- Smelson, D. A., Kline, A., Kuhn, J., … Kane, V. (2013). A wraparound treatment engagement intervention for homeless veterans with co-occurring disorders. *Psychological Services*, *10*(2), 161–167.
- Substance Abuse and Mental Health Services Administration (SAMHSA). (2011). *SAMHSA's Working Definition of Recovery*. Rockville, MD: Substance Abuse and Mental Health Services Administration, Financing Center of Excellence.
- Timko, C. & Debenedetti, A. (2007). A randomized controlled trial of intensive referral to 12-step self-help groups: one-year outcomes. *Drug and Alcohol Dependence*, *90*, 270–279.
- Timko, C., Debenedetti, A., & Billow, R. (2006). Intensive referral to 12-Step self-help groups and 6-month substance use disorder outcomes. *Addiction*, *101*, 678–688.
- Timko, C., Sutkowi, A., Cronkite, R. C., Makin-Byrd, K., & Moos, R. H. (2011). Intensive referral to 12-step dual-focused mutual-help groups. *Drug and Alcohol Dependence*, *118*, 194–201.
- Tracy, K., & Wallace, S. P. (2016). Benefits of peer support groups in the treatment of addiction. *Substance Abuse and Rehabilitation*, *7*, 143.
- Velasquez, M. M., von Sternberg, K., Johnson, D. H., … & Parsons, J. T. (2009). Reducing sexual risk behaviors and alcohol use among HIV-positive men who have sex with men: A randomized clinical trial. *Journal of Consulting and Clinical Psychology*, *77*(4), 657.
- White, W. (Ed.). (2009). *Peer-based addiction recovery support: History, theory, practice and scientific evaluation.* Philadelphia, PA: Great Lakes Addiction Technology Transfer Center, Philadelphia Department of Behavioral Health & Mental Retardation Services.
- White, W. L. & Evans, A. C. (2014). The recovery agenda: The shared role of peers and professionals. *Public Health Review*, *35*(4).
- White, W. L. & Kelly, J. F. (2011). Alcohol/drug/substance "abuse": The history and (hopeful) demise of a pernicious label. *Alcoholism Treatment Quarterly*, *29*, 317–321.