

Peer Recovery Support Services

“Nothing about us, without us” — peers offer a shared experience.

Setting	Activities may include	Impact
<p>Community</p>	Encourage positive change and assist with daily life needs like accessing food, housing, and healthcare. Harm reduction services like providing naloxone, fentanyl education and testing strips, and sterile needle works.	Preliminary studies show positive impacts on reducing risky use behavior, making people feel safer, and linking individuals to treatment. People who use drugs also express a strong preference for peer recovery support specialists over clinicians in medical settings.
<p>Hospital</p>	Part of larger care team. Help connect patients with MOUD, or other type of SUD treatment. Provide support during treatment of medical and surgical complications related to SUD. Translate information between people and medical providers and help overcome historical mistrust of the medical community.	Early research is promising for increased engagement with follow-up visits, engagement with prevention training and naloxone education, increased number of treatment days and shortened time to next appointment. Has helped some peers gain professional experience from working in the hospital environment.
<p>Jails and prisons</p>	Help motivate and build rapport with people. Connect people with treatment and recovery services. Conduct in-reach with people close to release. Provide transportation at release to get individuals where they need to be.	Early research promising. Separate studies have demonstrated satisfaction with peer services, decreased rates of emergency room use post-release, decreased substance use and recidivism, and increased perceptions of self-efficacy and social support.
<p>Treatment and Recovery</p>	Help people in treatment stay engaged and motivated. Sometimes integrated with case management teams.	Promising studies with some methodological weaknesses have reported a range of promising outcomes such as decreased substance use, increased housing stability, and decreased criminal charges.

Challenges

System-level policies that favor punitive responses to drugs use and the stigmatization of drug use, and those who work with people with drug use problems.

Organizational-level attitudes, policies, and programs that exclude peer specialists, insufficient training for peer specialists, and not valuing lived experience in decision-making.

Individual-level challenges include fluctuations in the availability of peer workforce due to arrest, return to use, or fear of return to use and low salaries.

Common challenges across settings:

- unclear roles
- limited financial support
- inconsistent boundaries
- philosophical differences between the organization and the peer model
- service area coverage

No National Standards

Varies by state, might include:

- min. amount of time in recovery
- criminal background check
- training courses (40 – 80 hours)
- passing a code of ethics review
- passing a national exam
- completing continuing education credits
- renewing certificate after some specified amount of time, typically every 2 years

TAKEAWAYS

- ✓ Establish national peer recovery support specialty certification standards that define competencies, are tailored by service setting, and shorten the look-back periods of criminal background checks.
- ✓ Establish supervision standards rooted in a recovery-centered approach rather than a billing-centered approach.
- ✓ Provide professional development opportunities that continue to grow peers' subject knowledge and improve their self-care techniques.
- ✓ There needs to be ongoing advocacy to nurture the field and address stigma and discrimination.

Source: Stack, E., Hildebran, C., Leichtling, G., Waddell, E. N., Leahy, J. M., Martin, E., & Korthuis, P. T. (2022). Peer recovery support services across the continuum: In community, hospital, corrections, and treatment and recovery agency settings—A narrative review. *Journal of addiction medicine*, 16(1), 93-100.