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Implementing peer recovery services for overdose prevention in Rhode Island: An examination of two outreach-based approaches

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HIGHLIGHTS

- Peer Recovery Specialists are part of the overdose response in Rhode Island
- Specialists provide overdose outreach to emergency departments (ED) and communities
- From July 2016-June 2017, ED-based Peer Recovery Specialists had 1329 contacts
- Of the ED contacts, 89% had naloxone training and 87% agreed to specialist engagement post-ED
- In communities, specialists gave 854 naloxone kits from July 2016-June 2017

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ABSTRACT

Background: Rhode Island has the tenth highest rate of accidental drug overdose deaths in the United States. In response to this crisis, Anchor Recovery Center, a community-based peer recovery program, developed programs deploying certified Peer Recovery Specialists to emergency departments (AnchorED) and communities with high rates of accidental opioid overdoses (AnchorMORE).

Objectives: The purpose of this paper is to describe AnchorED and AnchorMORE's activities and implementation process.

Methods: AnchorED data were analyzed from a standard enrollment questionnaire that includes participant contact information, demographics, and a needs assessment. The AnchorED program outcomes include number of clients enrolled, number of naloxone training sessions, and number of referrals to recovery and treatment services. Overdose deaths and naloxone distribution through AnchorMORE were mapped using Tableau software.

Results: From July 2016–June 2017, AnchorED had 1329 contacts with patients visiting an emergency department for reported substance misuse cases or suspected overdose. Among the contacts, 88.7% received naloxone training and 86.8% agreed to continued outreach with a Peer Recovery Specialist after their ED discharge. Of those receiving peer recovery services from the Anchor Recovery Community Center, 44.7% (n = 1055/2362) were referred from an AnchorED contact. From July 2016–June 2017, AnchorMORE distributed 854 naloxone kits in high-risk communities and provided 1311 service referrals.

Conclusion: These findings indicate the potential impact peer recovery programs may have on engaging high-risk populations in treatment, overdose prevention, and other harm reduction activities. Additional research is needed to evaluate the reach of implementation and services uptake.

*Abbreviations:*Emergency Departments, ED

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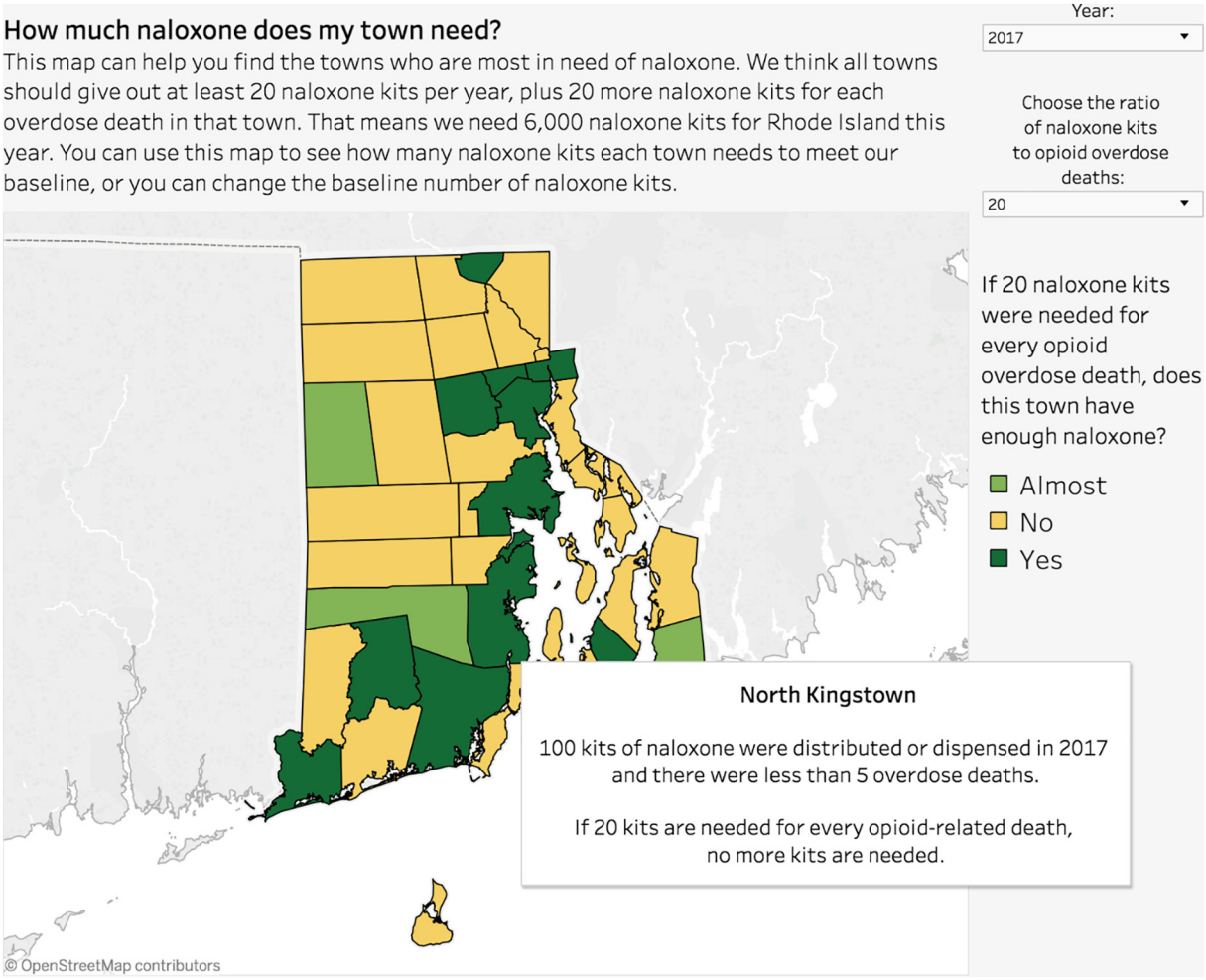

Fig. 1. Naloxone distribution tool.

1. Introduction

The United States (US) is facing an unprecedented opioid overdose crisis. Fatal overdoses have increased more than fivefold in the last two decades and are a leading cause of death for those under the age of 50 (Centers for Disease Control and Prevention, 2017). In 2016, on average 115 people per day died from an opioid-related overdose (Centers for Disease Control and Prevention, 2018a). Rhode Island has among the highest rate of illicit drug use and the tenth highest rate of accidental drug overdose mortality in the US (Substance Abuse and Mental Health Services Administration, 2017a; Hedegaard, Warner, & Miniño, 2017). To respond to this growing epidemic, state leaders convened an overdose task force in 2015, which endorsed a multi-component strategic plan to reduce overdose mortality rates (Rhode Island Governor's Overdose Prevention and Intervention Task Force, 2015). One component of the strategic plan focused on the expansion of peer recovery services by Certified Peer Recovery Specialists for individualized addiction recovery support and treatment navigation (Rhode Island Governor's Overdose Prevention and Intervention Task Force, 2015).

Certified Peer Recovery Specialists, also known as "recovery coaches", provide experiential, non-clinical support to people living with substance use disorder who are seeking recovery assistance (Bassuk, Hanson, Greene, Richard, & Laudet, 2016; Reif et al., 2014). Peer Recovery Specialists have lived experience with addiction and recovery, allowing for guidance that may not be typically found in medical settings (Bassuk et al., 2016; Reif et al., 2014). Peer Recovery Specialists offer support for personal goal setting and navigating the recovery process, including steps to improve their "accrual" of recovery capital–strengths such as their health, wellness, or quality of life (Kelly & Hoeppner, 2015). They also provide referrals and support for treatment, housing, employment, drug court proceedings, and probation (Substance Abuse and Mental Health Services Administration, 2009).

Peer-based support services have been proven to be feasible, acceptable, and established components in programs working to reduce psychiatric-based rehospitalizations for those with multiple previous psychiatric hospitalizations (Sledge et al., 2011), to increase HIV and hepatitis C virus prevention and treatment adherence (Broadhead et al., 2002; Grebely et al., 2010; Norman et al., 2008; Purcell et al., 2007), and as a risk reduction technique among people who use drugs, such as decreasing syringe sharing practices (Purcell et al., 2007). Further, peer support groups typically exist as a component to addiction recovery programs and are found to be correlated to either a reduction in substance use (Tracy et al., 2012), or increased addiction treatment adherence (Huselid, Self, & Gutierres, 1991; Tracy et al., 2012). While common in these settings, the state of the science on peer recovery services for patients with substance use disorder in emergency departments (ED) and through community-based outreach is more limited, and few studies have examined the efficacy and validity of these services (Bassuk et al., 2016; Myrick & Del Vecchio, 2016; Reif et al., 2014; Tracy & Wallace, 2016). A 2016 systematic review found only nine peer reviewed articles regarding substance use and peer recovery services, three of which were randomized control trials (Bassuk et al., 2016).

The deployment of Peer Recovery Specialists in targeted settings, like that of emergency departments and in high-burden neighborhoods,