

Increasing Access to Medications for Opioid Use Disorder Through Peer Recovery Support Services

Catching Up With COSSAP, June 2020 Edition

Medication-assisted treatment (MAT) involves the use of U.S. Food and Drug Administration-approved medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders (SAMHSA, 2015). As the opioid epidemic has progressed, the use of medications for opioid use disorders (MOUDs) has grown, as has the use of peer specialists to assist individuals on the path to recovery.

While evidence supports the efficacy of MOUDs to reduce illicit opioid use (Larochelle et al., 2018), there are significant barriers that impede the access to and use of MOUDs for persons returning to the community. Those barriers include stigma against the use of MOUDs for recovery, lack of understanding or knowledge about how medications work, and lack of information about how to access providers that offer the medications (Foney and Mace, 2019).

Peer specialists can provide a critical link to break down those barriers. Peer recovery support services (PRSS) also provide an important bridge to the recovery community by promoting a sense of belonging among individuals practicing medication-assisted recovery (MAR). (Within recovery communities, MAR is the preferred term, since it emphasizes recovery and an individual's commitment to engage in supports that build recovery capital in addition to taking his or her prescribed medications.)

Founded in 2005, the Medication Assisted Recovery Services (MARS) Project was the first PRSS program focused on individuals using medication on their paths to recovery.

Developed in collaboration with the Albert Einstein College of Medicine, the MARS Project bridges the chasm between isolation and community, helping individuals to embrace their recovery. MARS services include training in medication-assisted recovery, a mix of culturally appropriate support groups, drug- and alcohol-free social activities, recovery celebratory events, and peer leader training and mentoring (Woods and Joseph, 2012). According to MARS Project Director Walter Ginter, the MARS Project model has been replicated across the country, through training and technical assistance provided to both MOUD programs and medication-free programs to develop holistic recovery approaches that include education and supportive peer communities.

PRSS are designed to reduce tangible and intangible barriers to MOUDs through emotional, instrumental, informational, and collaborative supports. Within settings that provide MOUDs, a peer recovery support services program can:

- Promote holistic wellness, offering recovery and life skills support.
- Provide direction and assistance in practical problem solving related to issues faced in early medication-assisted recovery.
- Offer services outside of clinical settings, in various recovery community locations, to complement and supplement counseling and behavioral therapies and to enable clinicians to provide greater attention to patients (SAMHSA, 2015).

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Such PRSS programs have been shown to have an impact. Over the past two years, Nicole O'Donnell, a certified recovery specialist at the University of Pennsylvania's [Center for Opioid Recovery and Engagement](#), has helped individuals who recently overdosed understand all of their treatment and recovery options. Working alongside a team of hospital clinicians, she provides information and support.

"We have had many conversations about different choices, and I reassure them that MOUD is not replacing one drug with another," Nicole says. "We provide a lot of education and explain the risks of not being on medication, too. We explain that medication can help with cravings and that medication is not something that they need to be ashamed of."

Nicole and her team provide approximately 100 consultations per month. Data show that since the program's inception, 68 percent of patients are engaged in MOUD treatment 30 days after their release from the emergency department.

References

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