

The New Front Lines: Using Peer Recovery Specialists to Address and Treat Substance Use Disorder

By Christopher Freer, DO, FACEP

As substance use disorders continue to devastate individuals, families and entire communities across the country, our healthcare systems are grappling with how to best serve those in need (Office of the Surgeon General, 2016). As head of emergency medicine at RWJBarnabas Health, the most comprehensive health system in New Jersey, I was struggling to treat the patients sitting right in front of me.

One such patient came into the emergency department with an altered mental status and signs of a possible stroke. He also adamantly refused to provide a complete medical history. Limited by the lack of a comprehensive health background and noticing warning signs of potential substance use disorder (SUD), I turned to what has become one of our hospital's most transformational resources in the battle against addiction: Peer Recovery Specialists.

At RWJBarnabas Health, Peer Recovery Specialists, individuals who have personally experienced addiction and been in recovery for at least four

years, have become a vital first line of defense in combatting the opioid epidemic. Working to improve both immediate treatment and long-term recovery outcomes after discharge, these specialists are revolutionizing care for people suffering from SUD. Beyond that, they've helped us to rewrite the narrative of how to treat SUD as a chronic disease rather than a cultural stigma or a moral failing. Peer Recovery Specialists have initiated a paradigm shift in how we, as medical professionals, treat and talk about SUD.

Our healthcare system's journey with peer recovery began in 2016. Faced with the increasing scope and heartbreaking human cost of the opioid epidemic, the statistics were especially jarring in my home state. In 2017, New Jersey had a drug-related overdose rate that outpaced the national average by 38 percent (Kaiser Family Foundation, 2018). In response to the growing public health crisis, the Peer Recovery Program at RWJBarnabas Health and the accompanying Tackling Addiction Task Force were born, heralding the start of a system-wide multidisciplinary and comprehensive approach to addressing and treating SUD.



Peer Recovery Specialists provide consults, albeit admittedly unique ones. When patients arrive with sepsis or diabetic ketoacidosis, the next steps are clear – stabilize the patient and call the endocrinologist or other specialist for further support. Prior to 2016, that wasn't the case for our patients with SUD. An individual would be admitted near death, having just overdosed and been reversed with naloxone. But after providing immediate care, our options were incredibly limited. Besides handing out pre-scanned pamphlets with phone numbers for treatment centers, there was a distinct lack of resources for patients and a prevailing attitude amongst the department staff – myself included — that reflected a lingering stigma and sense of hopelessness.

Enter the Peer Recovery Program. Our team of over 100 Peer Recovery Specialists and 11 Patient Navigators successfully break down barriers that medical professionals often can't. They each bring their own unique and personal journey with them and use their past experiences to forge honest, genuine connections with our patients with SUD. These connections make a lasting impact. Not unlike other disease-specific medical consultations, our program enables physicians and staff to call on Peer Recovery Specialists to provide bedside consultations with patients. Now, I can execute an order form in our EMR and within ten minutes or so, a Peer Recovery Specialist has responded and is ready to engage with the patient. They gather medical histories that allow for more accurate diagnoses and guide patients towards recovery with an intimate knowledge of what that process looks and feels like. They know how to speak with a patient coming out of withdrawal, who may be equal parts combative or terrified, simply because they've been there themselves. Our Peer Recovery Specialists are now critical members of our clinical care teams.

Peer Recovery Specialists are living, breathing examples of hope for patients suffering from SUD and are there to speak with them and befriend them. And because not all patients are ready to commit to treatment, the team stays in communication with patients for weeks — sometimes months — after they've left our facilities, working with them for when the time is right to make the commitment. There's also a preventative element of the process – we have instituted automatic triggers throughout our systems that recognize and flag warning signs of patients who may be at risk of SUD.

As of December 2019, the Peer Recovery Specialists dispersed throughout 19 emergency departments and 11 RWJBarnabas Health hospitals have connected with over 30,000 patients identified with SUD. They are rarely turned away – over 80% of qualifying patients accepted peer support services. Peer support, clinical navigation and care management then continues in community-based settings for a minimum of eight weeks, where forty percent of patients accept the next level of care.

Equally important, our Peer Recovery Team has sparked a complete transformation in emergency department culture and has radically changed how we engage with SUD patients. They have highlighted the biases we were harboring towards SUD patients and advocated for an empathic approach that addresses SUD as the chronic illness it is rather than

a choice or decision. When a Peer Recovery Specialist walks in, dressed in professional attire and willing to relive the most vulnerable moments of their past to serve others, the stigmatizing label “addict” fades away and the stark realization that this is a disease like any other truly hits home.

Incorporated into the daily operations and inner workings of the ED, Peer Recovery Specialists have become a key part of our overall care team, sharing best practices with the rest of the clinical staff. We'll hold a meeting to discuss how to treat sepsis and aggressive fluid retention and in the midst of that meeting, Peer Recovery Specialists are sharing what it feels like to be in withdrawal – “the flu times 1,000” — so that the rest of the team is better informed about how to treat and care for their patients.

With nationwide drug-related deaths nearing 69,000 in 2018 and emergency departments situated on the front lines of the opioid epidemic, Peer Recovery Programs are propelling a new care model (National Center for Health Statistics, 2018). This holds true both here at RWJBarnabas Health and throughout our country's healthcare systems (Bassuk, Hanson, Greene, Richard, & Laudet, 2016; McGuire et al., 2020). People are coming

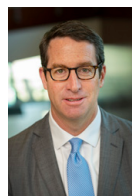
to hospitals suffering from this disease and we are called to serve them to the best of our ability – and that includes compassionate care just as much as comprehensive care.

The Peer Recovery Specialist who connected with my patient in the ER that day discovered critical health background information that changed my medical diagnosis and enabled me to develop an action plan incorporating pharmaceutical treatment and peer support. This type of combined care is invaluable and is saving countless lives. I am privileged to be a part of this transformational team.

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