



# **Addiction and Recovery: A Story of Hope, Redemption and Community**

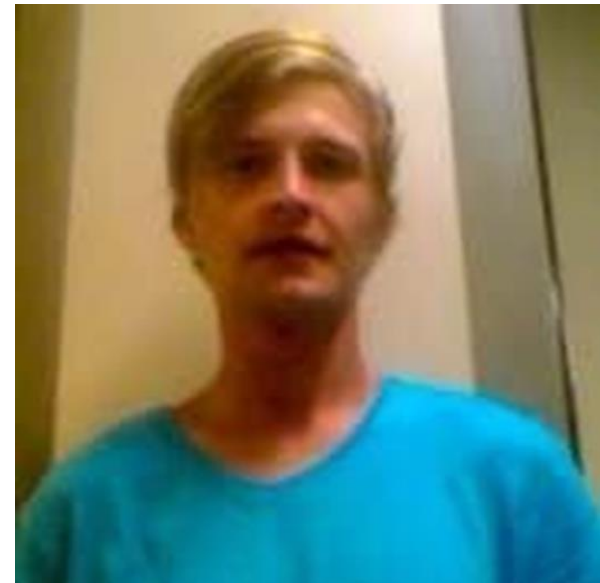
Presented by: Kyle Brewer, BS, PRPS, NCPRSS

# Learning Objectives

- ❖ Participants will learn that people can and do recover from Substance Use Disorders.
- ❖ Participants will be able to describe what a Peer Recovery Specialist is and what services they provide.
- ❖ Participants will learn why it's important to offer Peer Support Services in an Emergency Department/Hospital setting.
- ❖ Participants will learn what stigma is and how it impacts individuals with a Substance Use Disorder.

- **BS Addiction Studies – UCA 2013**
- NAADAC, the Association for Addiction Professionals - Peer Support and Recovery Services Manager
- Certified Peer Recovery Specialist (PR)
- **Certified Peer Recovery Peer Supervisor (PRPS)**
- National Certified Peer Recovery Support Specialist (NCPRSS)
- First Peer Recovery Specialist in Arkansas to be employed and stationed in an emergency department – UAMS
- **2021 Peer Leadership Award Winner**
- 2022 Kirk Lane Peer Champion Award Winner
- 2022 Arkansas Money & Politics Future 50
- **2022 NAADAC John Avery Award Winner**





YOUR STORY  
MATTERS



HOPE



STOP  
STIGMA





MAR 16  
1940

MAY 12  
2003

PATSY "PAT" JAMES











PRIDE

**TOP SECRET**

**STIGMA**









**PURPOSE**

# recovery is a lifestyle

- **Serve others and your community**
- Be honest, open-minded and willing
- Process emotions with someone you trust
- Offer amends and extend forgiveness
- Connect with community regularly (i.e., church, RCO, gym etc.)
- Attend mutual support groups
- Daily prayer and meditation
- Listen to inspirational and motivational music
- Read inspirational, motivational and recovery literature
- Accept correction and suggestions from others
- Surround yourself with likeminded community (i.e., church, 12-step meetings, etc.)

## Certificate of Completion

*This certificate is presented to*

*Kyle Brewer*

*For successfully completing*

*Peer Supervision Training*

*For a total of 24.00 credit hours on*

*07/27/20*

*ZOOM*

**UA** MIDSOUTH  
LITTLE TRAINING ACADEMY  
ROCK SCHOOL OF SOCIAL WORK

  
Gigi Peters, LMSW  
Executive Director

## Certificate of Attendance

This certificate is presented to

*Kyle Brewer*

For attendance at

**Peer Recovery Support Specialist Core Training**

For a total of 30.00 credit hours on

08/05/19 - 08/09/19

LITTLE ROCK

**UA** MIDSOUTH SCHOOL  
LITTLE OF SOCIAL WORK  
ROCK UNIVERSITY OF ARKANSAS AT LITTLE ROCK

  
Gigi Peters, LMSW  
Executive Director

## Certificate of Attendance

This certificate is presented to

*Kyle Brewer*

For attendance at

**Advanced Peer Recovery Support Specialist  
Training**

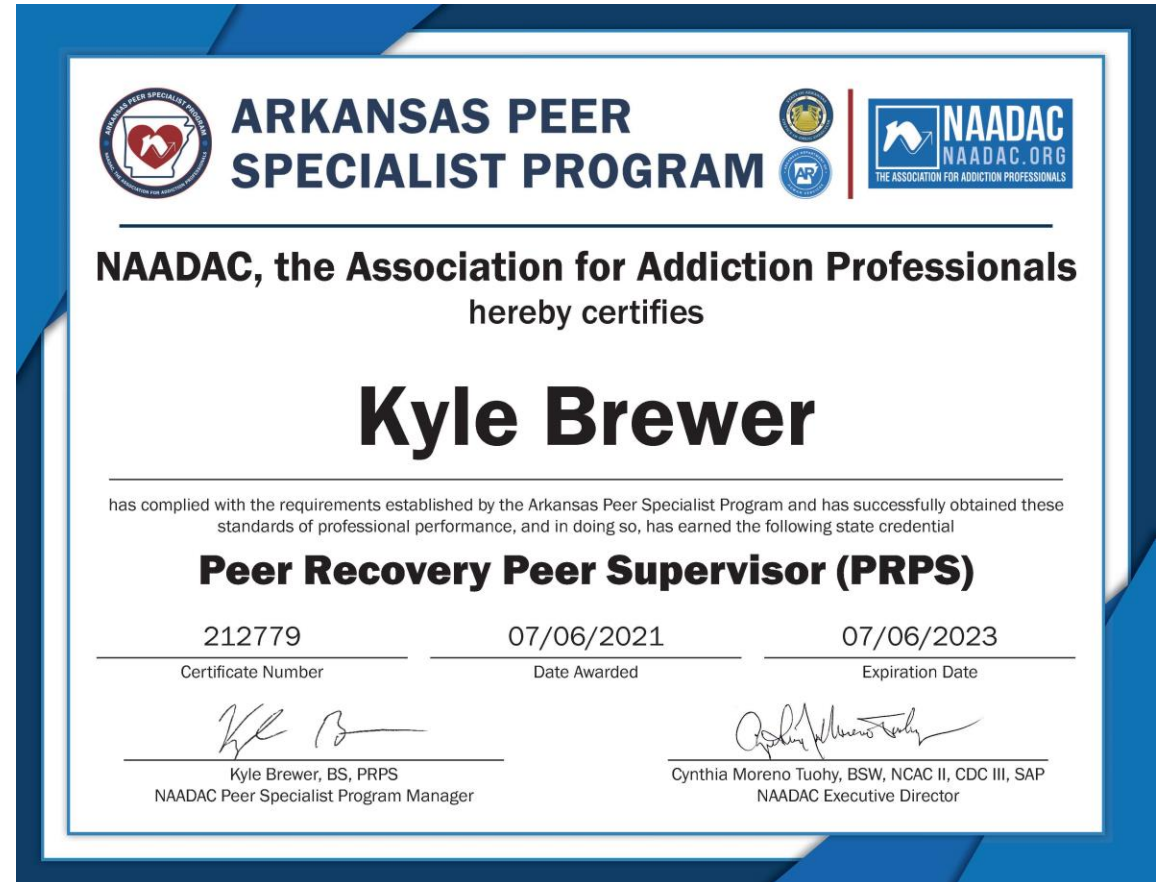
For a total of 18.00 credit hours on

02/10/20 - 02/12/20

LITTLE ROCK

**UA** MIDSOUTH SCHOOL  
LITTLE OF SOCIAL WORK  
ROCK UNIVERSITY OF ARKANSAS AT LITTLE ROCK

  
Gigi Peters, LMSW  
Executive Director









Arkansas PBS  
"7 Days: The Opioid Crisis in Arkansas" - Mid-America Emmy® Nominee  
Arkansas PBS · 1M views · 11 months ago



# What is a Peer Recovery Specialist (PR)?

- An individual, living with a Substance Use Disorder (SUD) and or Cooccurring Mental Health Disorder, who has experienced and maintained the healing process of recovery
- A person who provides Peer Support Services (PSS) based on shared understanding, lived-experience, respect and mutual empowerment.
- **A Peer Recovery Specialist brings the lived experience of recovery, combined with training and supervision, to assist others in initiating and maintaining recovery, helping to enhance the quality of personal and family life in long-term recovery (Bill White, 2009).**

# What is a Peer Recovery Specialist (PR)?

- The criteria and definition vary from state to state. No universal eligibility requirements currently exist for Peer Recovery Specialists
- Trained and/or certified.
- Scope of practice and code of ethics.

# The Four Pillars of Peer Support Services (PSS)

1. Lived Experience
2. Connection
3. Community
4. Empowerment





# Why use Peer Support in a medical setting?

- Peer Support is an evidence-based service to support an individual in or seeking recovery from addiction and/or mental health challenges (Director of the Center for Medicaid and State Operations – August 2017)
- Crisis moments open people up to new information.
- Can lead to a decrease in readmissions and repeated usage of hospital resources.
- 
- Non-judgmental approach can increase the individual's motivation to pursue treatment and recovery.
- A Peer Specialist is well-connected to recovery resources and may leverage relationships to expedite linkages to treatment.



# Why use Peer Support in a medical setting?

- Ability to ignite the spark of hope through sharing lived-experience
- Providing peer support to someone who has just experienced an overdose could change the course of their life and recovery
- Complements medical team and other staff by freeing up their time to focus primarily on the medical issues
- Break the Stigma
- **Change systems of care and perspective of medical professionals**

## UAMS Recipient of Peer Support Services

Hey dude! It's from that one day at the hospital bout a year ago almost. Anyways tho, I've been sober ever since we spoke and it's been about a year, so I figured I'd say hello and drop you a line to say thx!! A million for that day, especially when you said, "this could be the firm foundation upon which you build the rest of ur life." And I took that to heart and now I pass it on. Anyways tho yup big time. I'm aa sober again, something I never thought i'd be. But yeah for sure, anyways tho thx!! Again for ur time and effort that day. Keep up the good work, some of it does go/get through on occasion! Who woulda thunk it aye? But yeah for sure! For sure! FOR SURE!!! Lol. Anyways tho dude! I truly hope all is well. Like for real.

## UAMS Registered Nurse

"As an ER nurse, it is frustrating to resuscitate and stabilize an overdose patient and have no way to further help a patient. Despite having social workers and psychiatry in our emergency department, not every patient is a candidate for psychiatric admission. We often sober-up opioid overdose patients and hurry up to discharge them so they can shoot up and avoid withdrawal. These patients have to find their way in the community to services we cannot provide them in the hospital. The medical system fails them, but the peer recovery system gives them hope, gives them a chance. Peer recovery can fill the gap between life and death".

## UAMS Resident Physician

I have to say (mainly cause I don't want to forget before I finish residency) knowing you and seeing the incredible things you have done with your life taught me an incredible amount and will change the way I practice for the rest of my career. I can honestly say I was a little closed minded about addiction and didn't put much thought into what I might be able to do for someone that might change their situation. Hearing your story and knowing you has given me a completely different outlook! And all that might sound a bit cheesy, but I am extremely grateful!

# Role Clarity

## Peer Specialist **is not/does not:**

- A doctor, social worker or counselor
- Document in medical record
- Give medical advice
- Diagnose, assess or treat
- Tell a person how to live their recovery
- Use clinical language (patient/client)
- View person as a case or diagnosis
- Motivate with fear or consequences
- Give money

## Peer Specialist **is/does:**

- A person with lived-experience
- A role model for recovery and positive change
- Voluntary
- Based off equality and mutuality
- Motivate through hope and inspiration
- Support many pathways to recovery
- Use recovery-oriented language based on lived experience
- Function as an advocate
- Share knowledge of recovery resources

# Peer Support Role – Medical Setting

- Engage with and listen to individuals who have survived an overdose, experience drug/alcohol withdrawal or request support for issues related to substance use
- Discuss multiple pathways of recovery
- Advocate and Empower
- Through shared decision-making link/refer individuals to preferred recovery resources (Act as a bridge)
- Provide general education about addiction and recovery by strategically sharing lived experience

# Peer Support Role - Medical Setting

- Support and strengthen the continuity of care
- Follow up and continue providing peer services and support beyond discharge
- Assist in improving dialogue between individuals and medical staff
- Educate medical staff on recovery
- Break stigma
- **Offer additional treatment/recovery resources (Naloxone/Narcan)**



## WHAT IS NALOXONE (NARCAN)?

- A drug used to reverse the effects of opioids.
- Safe and effective with no risk of abuse.
- NARCAN® has no effect on non-opioid overdoses.
- NARCAN® CANNOT get you high.
- It is intended for rescue use and not long-term treatment

# Arkansas Data

## University of Arkansas for Medical Sciences (UAMS)

Quarter	Peers Approached	Peers Agreed to Engage	Peers Requested Assistance for SUD	Peers Directly Linked to Treatment	Peers Referred to Treatment	Peers Received Take Home Naloxone
09/21/19 – 12/31/19	267	258	57	12	48	134
01/01/20 – 03/31/20	110	101	52	32	30	40
04/01/20 – 06/30/20	66	62	41	29	11	9
07/01/20 – 09/30/20	81	80	62	32	23	8
<b>TOTAL</b>	<b>524</b>	<b>501</b>	<b>212</b>	<b>105</b>	<b>112</b>	<b>191 (382 doses)</b>

## UAMS Medical Peer Support Program Data - Year 1

*\*Potential Financial Implications\**

*\*Averages and Estimates were used to determine costs.*

Approached by Peer Specialist	524 Program Participants
Agreed to engage in Conversation with Peer Specialist Requested	501 Program Participants
Requested Assistance for Substance Use Disorder (SUD)	212 Program Participants
Directly Linked and Accepted into SUD treatment & Recovery	105 Program Participants
Referred to SUD and/or Mental Health Treatment & Recovery	112 Program Participants
In recovery over 90 Days	78 Program Participants
In recovery over 1 year	39 Program Participants
Take home Narcan (nasal spray) Dosages Distributed	382 <i>(191 boxes of two doses)</i>
3 Narcan (Naloxone) Stories of Lives Being Saved with Distribute Dosages	3 Reported Overdose Reversals



● Emergency Department (ED) Visit Cost for Overdose <i>*Estimate*</i>	\$500.00	70% of total program participants	\$183,400.00
● Average Hospital Admittance Cost	\$11,700.00	30% of total program participants	\$1,839,240.00
● Average Billable Hospital Services	\$3,088.00		\$2,022,640.00
● Medicaid and/or Medicare Reimbursement to Hospital	20%		(\$404,528.00)
● Overall Estimated Cost to hospital			\$1,618,112.00
● Naloxone (Narcan) Cost <i>* 2 Narcan Nasal Spray Doses*</i>	\$130.00		\$24,830.00
● <i>Percentage that Will Reoccur or Return to Hospital</i> <i>*estimate*</i>		22% program participants	115 Program participants

- **Total Savings From Peer Position** **\$355,984.64**
- **Cost of UAMS Peer Specialist Salary: Salary was Fully Paid for by SOR Grant Funding (\$14.00 Per Hour)** **\$29,120.00**
- **Cost of an Increased Peer Specialist Salary (\$18.00 Per Hour)** **\$37,440.00**
- **Hospital Money Saved Through Peer Specialist without Grant Funding** **\$326,864.64**
- **Return on Investment (ROI) of Peer Specialist Position** **1128%**

**Naloxone (Narcan) Lives Saved - Reported**

**3**

**Naloxone (Narcan) Lives Saved - Unreported**

**3**

# Stigma – What is it?

Stigma is a discrimination against an identifiable group of people, a place, or a nation. Stigma about people with substance use disorder (SUD) might include inaccurate or unfounded thoughts like they are dangerous, incapable of managing treatment, or at fault for their condition.

For people with an SUD, stigma may stem from inaccurate beliefs that addiction is a moral failing, instead of what we know it to be—a chronic, treatable disease from which patients can recover and continue to lead healthy lives.

- **Feeling stigmatized can reduce the willingness of individuals with SUD to seek treatment.**
- **Stigmatizing views of people with SUD are common; this stereotyping can lead others to feel pity, fear, anger, and a desire for social distance from people with an SUD.**
- **Stigmatizing language can negatively influence health care provider perceptions of people with SUD, which can impact the care they provide.**

- Stigma is the convergence of several processes, including the distinguishing and labeling of differences, linking the labeled differences to stereotypes and unfavorable characteristics, separation of groups to “us” and “them”, status loss and discrimination, and the exercise of social, cultural, economic, or political power over the stigmatized group. (Link and Phelan, 2001).
- Stigma is **rarely based on facts**, but rather on assumptions, preconceptions, and generalizations.

**Stigma remains as the biggest barrier to treatment and recovery faced by patients (naabt.org)**

# Cycle of stigma



**Source: National Academies of Sciences,  
Engineering and Medicine, 2016**

THE STIGMA OF ADDICTION

**NaloxHome**  
OVERDOSE OVERDOSE TAKE HOME NALOXONE, SAVE A LIFE 

# WAYS TO REDUCE STIGMA



## Change Our Language and Labels

Replace words like "addict" and "junkie" with "person with substance use disorder."



## Learn About the Issue

Education reduces stigma. Learn about the science of addiction; mental health and substance use disorders; the science of trauma; and treatment with medication.



## Personal Experiences

Positive interactions with people with stigmatized conditions can change attitudes. Invite people to share their story.

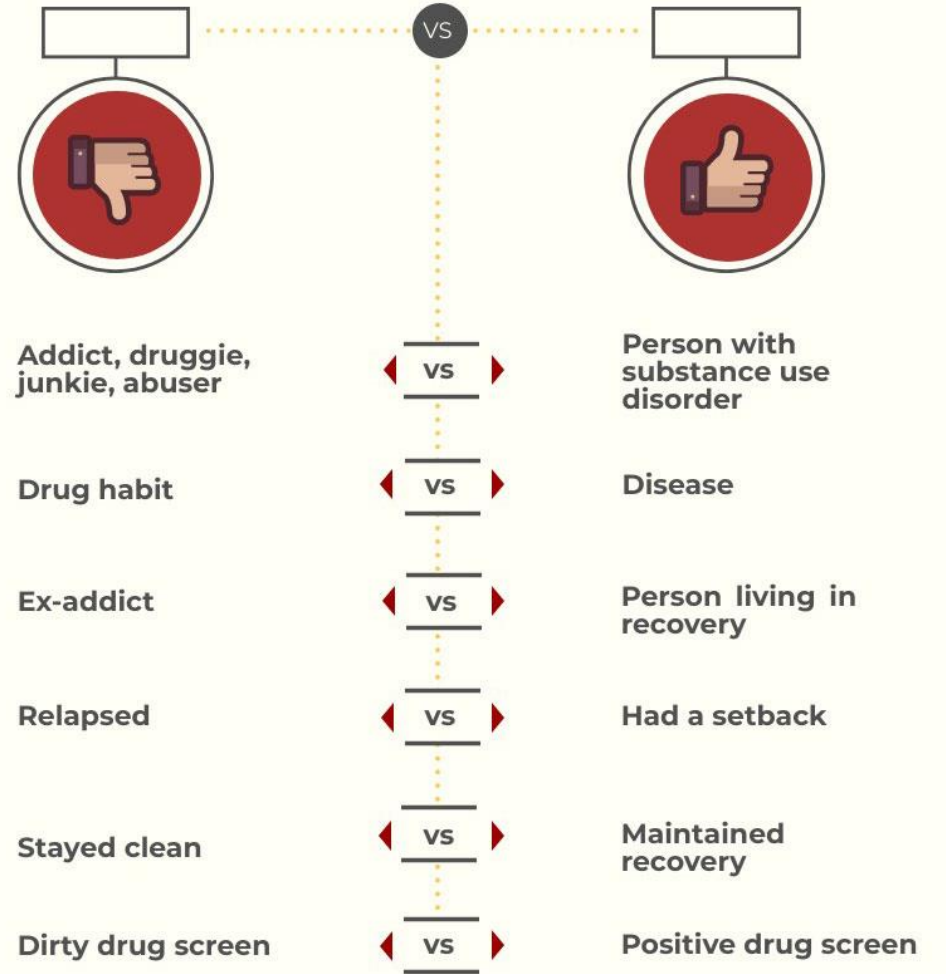


## Review Practices and Policies

Review workplace and other policies and practices. Support policies that increase access to services, compliance with treatment, and overall health and well-being.



## Language Matters







# Questions



# THANK YOU!

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**Services Manager**

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