by Kyle Brewer, BS, PRPS

Stronger Together:
The Intersection of Medicine and Peer Recovery

If you would've asked me five years ago what I would be doing today, I guarantee you the answer would not have been anything remotely close to writing this article and being employed by both the University of Arkansas for Medical Sciences (UAMS) and NAADAC, the Association for Addiction Professionals. In February of 2017 I returned to using heroin and prescription opioids after a brief period of abstinence. This period of abstinence was a result of my second attempt at residential treatment for a substance use disorder (SUD). My first attempt and exposure to treatment was at the age of 17. Alcoholism and drug addiction are a common denominator in my family. Watching family members drink, use drugs, fight, or get arrested was a normal part of life. I was desensitized to substance abuse and the lifestyle that came along with it. **The abnormal was normal.** At the age of 13, following the death of my grandmother, I slowly began my own personal journey down the road of substance use. What began as occasionally drinking alcohol quickly progressed to abusing over the counter cough medicines, like Robitussin, to eventually smoke Marijuana daily. This soon led to multiple arrests and a bad reputation. However, I maintained my attendance in school and continued making decent grades. By the time I graduated from Benton High School in 2008 I had been arrested multiple times, completed a residential SUD treatment program, and experimented with just about every drug I could get my hands on.

I was accepted to the University of Central Arkansas (UCA) and enrolled to begin my freshman year in Fall 2008. I fell in love with the college life and quickly found my place on campus. Throughout my time at UCA I excelled academically and socially. I made 3.5 and 4.0 GPAs. I was elected to President and Vice-President positions in my fraternity and other campus organizations. On the surface it appeared that I was doing everything I should be doing and doing it at a very high level. Underneath the surface there was a darker narrative unfolding. During my freshman year, I had my wisdom teeth removed. As is commonplace, I received a prescription of opioids after the procedure. Early on, I began taking the Oxycodone as prescribed to dull the pain from the surgery. This quickly escalated to calling-in refills and within two months, I developed a tolerance for the drug needing more and more of the medication to achieve the desired effect. By the time I was out of refills, I was trapped in the vicious cycle of opioid addiction. **I had no idea at the time but that one Oxycodone prescription would eventually lead me to homelessness and a life controlled by a needle full of heroin and/or prescription opioids.** When I began my senior year of college, I was spending $100 or more a day on prescription opioids. It was no longer about the euphoria, rush of energy or overall high. **It was simply about not being sick**. I needed the medication to avoid the withdrawal symptoms and maintain the image that I was doing good. I limped through my senior year and graduated from UCA in 2013. The irony of it all is that I graduated with a Bachelor of Science in Addiction Studies. **I thought I was fooling the world but in reality, I was only fooling myself.**

I would end up spending the next four years living with a timer in my head. The timer told me when I needed to use to keep the withdrawal symptoms away. I would do things I never thought I would do. Go places I never thought I would go. And hang out with people I never thought I would be around. I graduated from taking opioids orally to snorting them to eventually intravenously using heroin. It destroyed every aspect of my life. My relationships with friends and family were broken and strained. I was arrested multiple times for a variety of reasons such as driving while intoxicated and theft of property. I totaled two vehicles and burned every bridge to the point that I would eventually become homeless. This brings me back to 2017.

Mugshots

On July 10, 2017, after several days of methamphetamine and heroin use, I found myself in a state of fear and psychosis. I was dropped off at the Nehemiah House, a Little Rock homeless shelter, and the staff quickly determined that a hospital was more appropriate for my needs and called an ambulance to pick me up. I was taken to Baptist Health to detox and upon discharge I returned to the Nehemiah house. I entered their 9-month faith-based recovery program and began learning about faith and recovery. I surrendered my life to Jesus and began channeling all my energy and attention towards recovery. I took that same type of mentality and dedication that was required in my active addiction and applied it to my faith and recovery. I completed the recovery program and stayed at the Nehemiah House for about


Nehemiah House Intake Picture

12 months. I learned that recovery does not have a finish line because recovery is not just a thought or an action. Recovery is not about a particular program, pathway, or amount of time. Recovery is a lifestyle for a lifetime. **By the grace of God, I've been in long-term recovery since July 10, 2017. Today I have hope, purpose, and freedom**.

Unfortunately, my story and struggle with opioid addiction is very common. The opioid epidemic has sadly claimed the lives of thousands of Americans. **Provisional data from CDC's National Center for Health Statistics indicate that there were an estimated 100,306 drug overdose deaths in the United States during a 12-month period ending in April 2021.** This is an increase of 28.5% from the 78,056 deaths during the same period the year before. Drug overdose is the leading cause of accidental death in the United States and opioid use is driving this epidemic.

In Arkansas, there were 411 drug overdose deaths in 2017, which increased to over 550 in 2020. From 1999 to 2019, nearly 247,000 people died in the United States from overdoses involving prescription opioids. Overdose deaths involving prescription opioids more than quadrupled from 1999 to 2019. **These numbers are more than statistics, they are our friends, neighbors, and family members.** Every person has left behind a family who deeply misses and grieves their passing every day. The problem is complex, and, as a nation and a state, we didn't arrive here overnight. Overprescribing and misinformation about addiction, stigma and the explosion of illicit Fentanyl use are just a few of the contributing factors. In Arkansas, 2.49 million opioid prescriptions were filled in 2020. Although the number of opioids prescribed in Arkansas has decreased, Arkansas remains one of the leading states in the nation for opioid prescribing. According to the Centers for Disease Control and Prevention in 2019, Arkansas' rate of 80.9 prescriptions per 100 people is still well above the national average of 46.7.

The stigma that surrounds the disease of addiction prevents people from being honest and asking for help. Stigma is one of our biggest and oftentimes most subtle obstacle. As with COVID-19, we have seen that no one is exempt from this issue. However, stigma keeps us from normalizing the conversation about addiction and recovery. **Addiction impacts every socioeconomic background, race, religion, gender, and geographic location.** Every level of society has been and will continue to be affected by the opioid epidemic. But, working together, we can and will find hope.

What comes to mind when you hear the word recovery? Maybe you think of a previous medical procedure and the time it takes to bounce back. It could be one of those irritating moments that require your email address to recover your password. Or you could have an image of a group of people drinking coffee in a mutual support recovery meeting. Chances are that you think of one particular memory, definition, or aspect of life that you connect to the word recovery.

The journey of recovery usually starts with words that lead to action. Sometimes that includes medication, emotional support, or residential treatment. For addiction it may look like detoxification from the substances(s) of choice and the removal of the substance(s) that is causing problems. For mental health there may be medication, medication adjustments or the need for a higher level of care. And recovery does not stop there. In fact, that is just the beginning.

When a doctor performs a surgery, they often prescribe medications, physical therapy and recommend adjustments to your diet, exercise, and daily routines. If you have the surgery and don't follow any of the post-surgery guidance, it's reasonable to think that your chances of a full and successful recovery significantly decrease. Addiction and mental health challenges have a significant impact on every aspect of life. It is no surprise that recovery can and will have an equal or greater impact on a person's life. Recovery from addiction and mental health requires significant changes to a person's life and the way in which they live it. Recovery directly impacts an individual's physical, emotional, psychological, and spiritual health. Each one of these areas require attention to detail on how it is lived out in daily practice with possible adjustments, and a lot of hard work. **You don't typically get to decide which days you're in recovery and which days you're not. It's a 24/7 full-time lifestyle commitment.**

Recovery can be overwhelming to an individual that is in the beginning of the process. It can be frustrating and confusing for the family members of those individuals beginning recovery. It's important to remember that recovery is a lifestyle, but it's just as important to remember that recovery is also a process. It takes time, energy, finding new ways to express your life and times when the individual is just not sure on which step to take next. However, a person on the path of recovery can only get to the top of a mountain by taking one step at a time.

Recovery is complex and there is no cookie cutter answer for everyone. It requires collaboration from the family, community, and the individual seeking recovery. Some days life is very positive, and some days life is not so positive. Recovery is very similar to life. You have good days, and you have bad days. I've always heard when life puts pressure on you that's when you find out what you're made of. "Adversity does not build character, it reveals it" James Lane Allen, novelist. When you squeeze a lemon; you get lemon juice. When the tough or the hard days of life put pressure on someone in recovery the lifestyle that they've developed and implemented will be what comes to the surface – that is recovery!

Recovery may seem like a simple word but for someone with a substance use and/or mental health disorder the word "recovery" is much greater than any other word in their vocabulary. When faced with the task of changing everything about your life it's easy to feel alone, scared, and uncertain. That is why people typically don't find and sustain recovery in isolation. It requires a supportive community working together to accomplish a common goal. The doctor, pastor, judge, and other members of the community must collaborate and work together to positively impact the community and reduce the number of overdose deaths. Communities do not have to do this alone. **Across the state, communities are being armed with a vital resource – Peer Recovery Specialist(s).** A Peer Recovery Specialist (PRS) is someone who has personal direct lived experience with drug addiction and/or mental health challenges. The unique-lived experience is combined with training, education, supervision, and a code of ethics.

Relationships are a very important part of life and recovery. Trust and mutual respect are often fundamental to the foundation

continued on page 16

continued from page 15

of a successful relationship. Peer support is rooted in relationships that are founded on the principles of equality, mutuality, and shared experience. It is this foundation that enables a PRS to walk alongside someone, empower them to make their own choices, and model a life of recovery.

The State of Arkansas is blazing a trail by equipping and empowering the recovery community to take their past and give it purpose through peer support. A PRS is a powerful weapon against the opioid epidemic. They are also a vital and important resource for physicians and medical professionals across the state.

The Arkansas Peer Specialist Program (APSP) is a collaborative effort between NAADAC, the Association for Addiction Professionals, and the State of Arkansas that streamlines each step of the peer credentialing process, producing highly trained and knowledgeable peer specialists, and creating a one-stop shop for all peer credentialing needs.

APSP is an innovative three-tiered credentialing process developed with involvement of peer specialists at every level of the application, certification and ethics process that provides an individual the opportunity to progress through the core, advanced, and supervisory levels of the Arkansas Model. Through this model, peers can climb the career ladder, to hold the Arkansas Core Peer Recovery Specialist (PR) credential, the Arkansas Advanced Peer Recovery Specialist (APR) credential, and the Arkansas Peer Recovery Peer Supervisor (PRPS) credential. **By the time an individual has reached eligibility to take their Core PR exam they have completed a minimum of 500 hours of direct work experience, 25 hours of direct supervision, and an additional 46 hours of continuing education.** Each level of this career ladder has its own code of ethics, training, education, experience, and supervisory requirements designed to produce highly trained and knowledgeable Peer Recovery Specialists.

Peer Recovery Specialists are currently being utilized by communities across the state in a variety of settings and capacities. Hospitals, emergency departments, jails, treatment centers, primary care clinics, re-entry programs, youth services and police departments are a few places that peer specialists are positively impacting the community and helping others find and sustain a life of recovery.

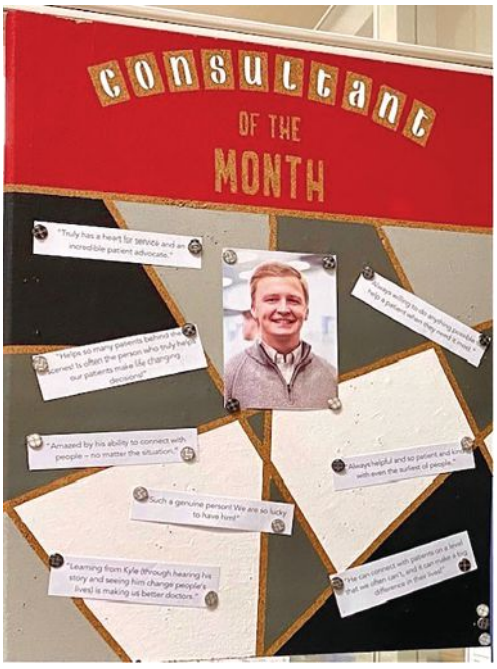
In 2019, I was hired by the University of Arkansas for Medical Sciences (UAMS) as the first PRS to be employed and stationed in an emergency department. This new program would demonstrate the power and effectiveness of a physician and PRS collaboratively working together to accomplish a common goal – saving lives. When an individual would present to the emergency department or hospital for an overdose, withdrawal symptoms, or any other medical condition associated with alcohol or drug use they would be directly connected with a PRS who could relate to what they were going through and also provide treatment and recovery resources right there from the hospital bedside. While the physicians and other medical professionals worked to medically stabilize and treat the person, the PRS would meet the person right where they were and begin providing person-centered peer support services. The services vary based upon the individual's needs. It could be as simple as an encouraging conversation and the exchanging of contact information. Or facilitating the intake and referral process to a detox or inpatient treatment program. Since a PRS is in recovery themselves, they are naturally well connected to the treatment and recovery community. These relationships, coupled with their experience of personally navigating the system, enables the PRS to expedite the process of getting connected to appropriate resources.

In the first year of the program, a team of two peer specialists worked with over 500 people. Directly linking 105 to treatment, referring another 112 to treatment, and distributing over 380 doses of Naloxone, the life-saving medication that reverses the effects of opioids. This program directly impacted the patients, hospital staff, and the community. UAMS is a teaching hospital, so I was given the opportunity to build relationships with many amazing residents, attendings, social workers, and registered nurses. By working alongside a person in recovery, hearing my story, and witnessing firsthand the spark of hope that is ignited through peer support, perceptions were shifted, and the system of care was strengthened. **One resident shared this message with me before they completed their residency –** ***"I have to say (mainly because 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!"***

Consultant of the Month Award

The PRS position made such an impact in the UAMS emergency department that I was awarded the "Consultant of the Month". This is an award that is nominated and voted on by the emergency department residency program**.** A doctor and a PRS on the same team are a dynamic duo that can really make a difference in the lives of the people they serve. The UAMS program led to the birth and development of peer programs in several hospitals across the state, including Bradley County Medical Center, Jefferson Regional Medical Center, Unity Health – Harris Medical Center, and Saline Memorial Hospital.

Where there's a doctor and a medical practice, there will be patients, which means there will inevitably be someone who is either directly struggling with addiction or has a family member who is struggling with addiction. Therefore, there should also be a PRS who is either paired with the physician or available for them to refer out to in the community. If you are a medication-assisted treatment (MAT) waivered provider who is currently or plans to prescribe



Buprenorphine for opioid use disorder it is so important that you connect your patient with recovery services. **The medication is very important but it's only one piece of the equation and will only address one aspect of the problem. Recovery will address the remaining pieces of the equation and equip your patients with the tools and skills needed to live a self-directed life of recovery.** Even if you are not a MAT waivered provider or ever plan to become one you will certainly provide care to someone who can benefit from recovery support services. Providing access to this support will enhance your practice, strengthen the continuum of care, and provide positive outcomes for your patients.

Since 2018, the State of Arkansas has provided core peer recovery training to over 430 people. We currently have over 170 people who are either registered as a Peer in Training (PIT) or certified at one of the three levels of the program (PR, APR, PRPS). There is an army of peers that have been formally trained, certified, and refined by the fire of their personal experience, who are ready and willing to provide vital recovery support to your patients. To find a PRS in your community visit the Arkansas Opioid Response Dashboard at www.artakeback.org. The interactive map under the peer recovery tab will display who has been trained and certified in your community as well as provide contact information for the individuals who are currently registered and/or certified in the Arkansas Peer Specialist Program. If you know someone with two years of recovery from a substance use and/or a mental health disorder, who would like to learn more about the Arkansas Peer Specialist Program, including eligibility requirements and details about the application process, please visit www.naadac.org/arkansas-peer-specialist-program or contact me at kbrewer@naadac.org.

Sources

https://www.cdc.gov/
https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm
https://artakeback.org/
https://wonder.cdc.gov/
https://afmc.org/