

# The Role of Peer Support in Recovery from Dependency and Addiction



# SUD Facts & Figures

*"The presence of a substance use disorder often doubles the odds for the subsequent development of chronic and expensive medical illnesses, such as arthritis, chronic pain, heart disease, stroke, hypertension, diabetes, and asthma"*  
- The Surgeon General's Report on Alcohol, Drugs, and Health, November 2016

Emergency room visits have escalated 98.4 percent from 2004 to 2009 for non-medical use of prescription drugs.<sup>6</sup>

The Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008 requires health insurers and group health plans to provide the same level of benefits for mental and / or SUD treatment and services that they do for medical / surgical care.<sup>5</sup>



Every year SUD claims more than 125,000 lives.<sup>1</sup>

22.7 million Americans are struggling with addiction and **only about 2.5 million** are getting treatment at a specialty facility.<sup>3</sup>

Currently, many treatment programs do not provide sufficient support following acute treatment and lack a standardized means to collect data on long-term treatment program results.<sup>4</sup>

1 National Institute of Alcohol Abuse and Alcoholism, Alcohol Facts and Statistics, February 2017: <https://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/alcohol-facts-and-statistics>

2 National Institute on Drug Abuse, Trends and Statistics, April 2017: <https://www.drugabuse.gov/related-topics/trends-statistics>

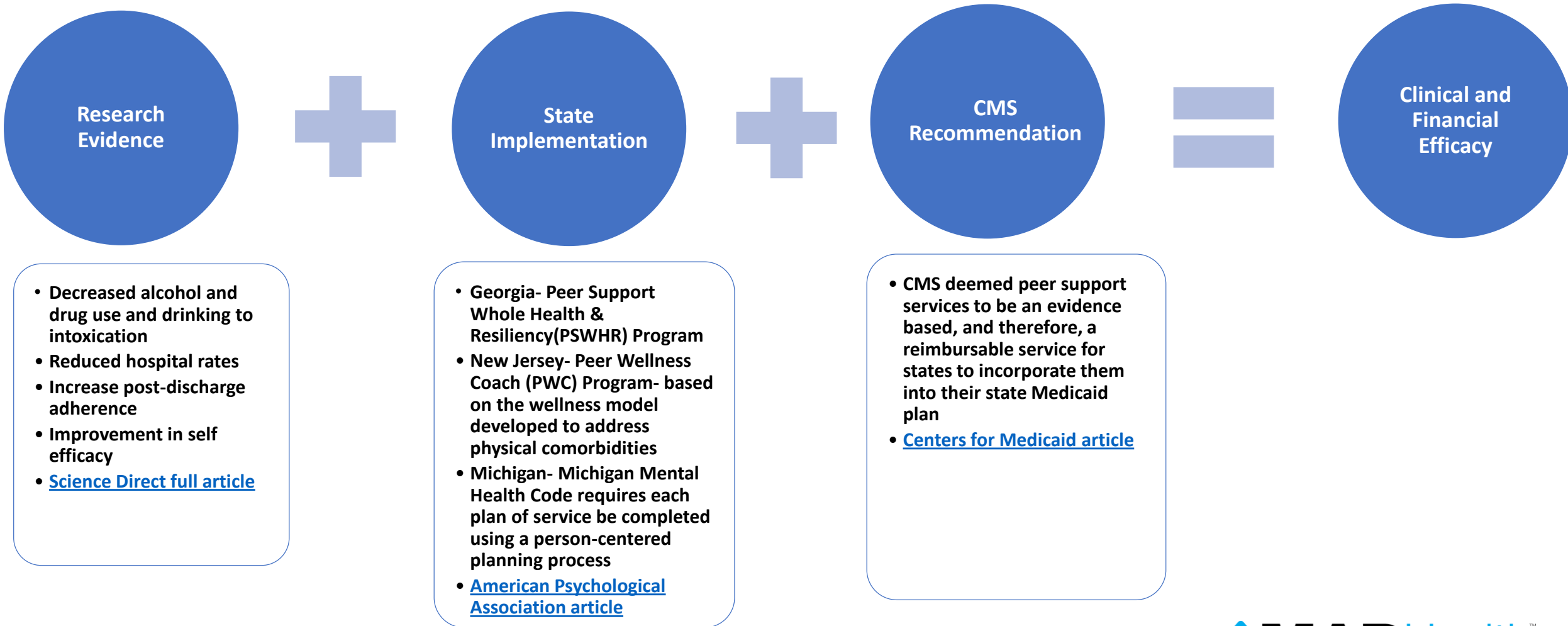
3 <https://www.drugabuse.gov/publications/drugfacts/nationwide-trends>

4 National Institute on Drug Abuse, Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition), December 2012: <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/frequently-asked-questions/how-long-does-drug-addiction-treatment>

5 <https://www.samhsa.gov/health-financing/implementation-mental-health-parity-addiction-equity-act>

6 "Drug Facts: Drug-Related Hospital Emergency Room Visits." (2011). National Institute on Drug Abuse. Accessed July 10, 2014.

# Peer Support = Clinical and Financial Efficacy



[http://www.journalofsubstanceabusetreatment.com/article/S0740-5472\(16\)00016-7/fulltext](http://www.journalofsubstanceabusetreatment.com/article/S0740-5472(16)00016-7/fulltext)  
<https://www.ncbi.nlm.nih.gov/pubmed/27618457>  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5047716/>

# Who is a Peer Recovery Support Specialist? (PRSS)

Peer Recovery Support Specialists are the members they serve.

- They have won the same battle the member is fighting
- They recognize that recovery is unique to the individual
- They are tangible proof that recovery is possible by sharing their own experience
- Teach coping and problem solving skills for the members as they re engage in the community
- Use recovery tools to combat issues and challenges
- “...people who have faced, endured, and overcome [this] adversity can offer useful support, encouragement, hope, and perhaps mentorship to others facing similar situations”<sup>(1)</sup>
- Provide a relationship based on abstinence provides reinforcement where otherwise the person might have few relationships outside of substance use

(1) Davidson, L., Chinman, M., Sells, D., & Rowe, M. (2006). Peer support among adults with serious mental illness: a report from the field. Schizophrenia bulletin, 32(3), 443.

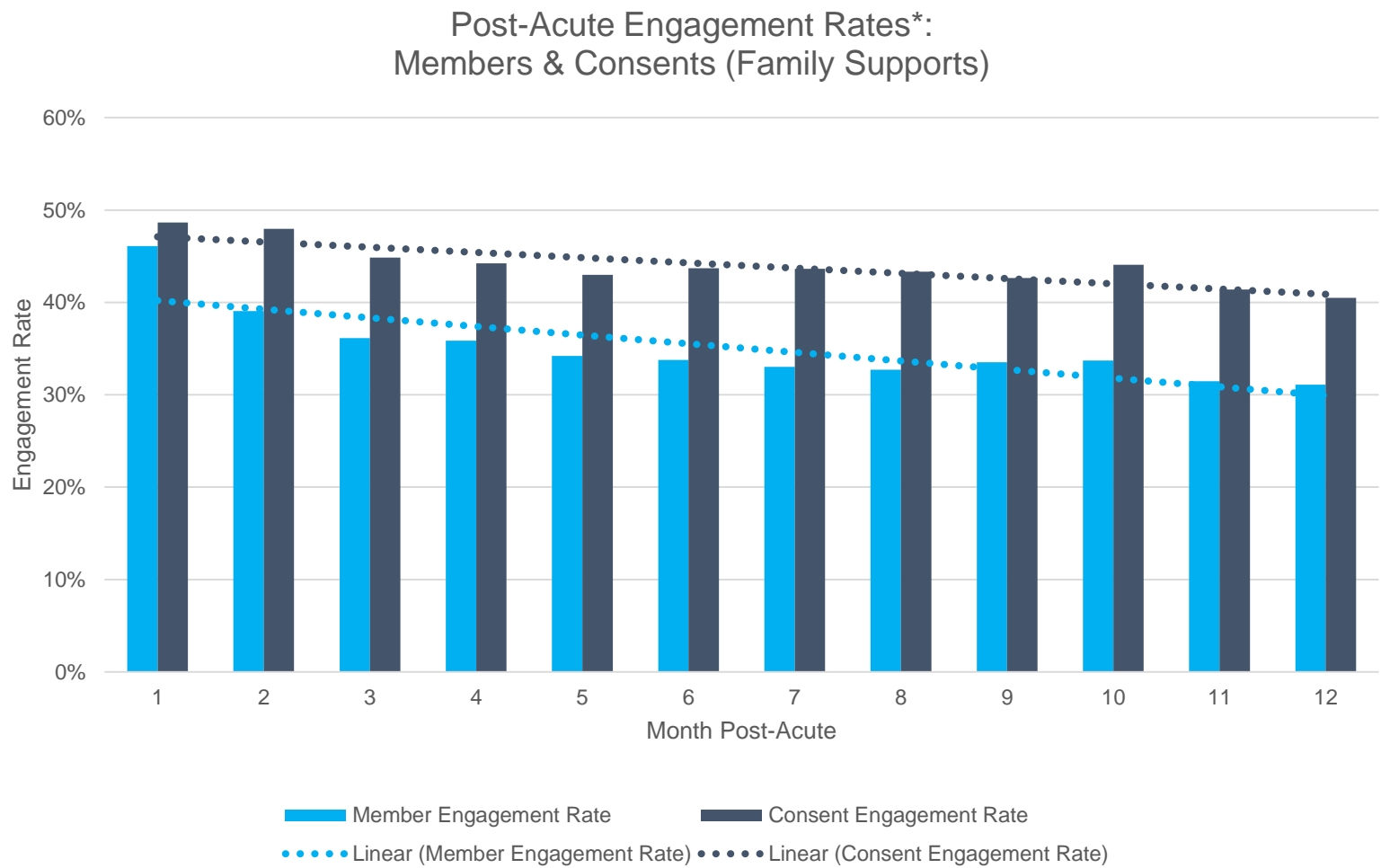
# Engagement: Foundation For Improving SUD Outcomes

Peer Recovery Support Specialists maximize engagement rates

- Reduce admissions, readmission, PMPM costs directly resulting from improved engagement, risk identification, intervention, relapse management and care coordination
- Reduce out of network leakage costs for SUD care (commercial payers)
- Positioned to encourage utilization of PCP by SUD populations
- Collect outcomes data including social determinants of health
- Coordinate care more effectively



# MAP's Historical Engagement Data from PRSS



*\*The Engagement rate is calculated by taking the ratio of Meaningful sessions and dividing it by the total number of attempted sessions.*

# The Profile of a MAP Peer Recovery Support Specialist

- All MAP Peer Recovery Support Specialists are full-time MAP employees with healthcare benefits
- Members have a dedicated MAP peer throughout their recovery support program (unless the Member wants a different one)
- Access for Members to a 24x7x365 Recovery Support phone line staffed by MAP's Care Solutions team
- Peers are specialized to match members (based on age, gender, drug of abuse, treatment modality etc.)
- Peers with MAT experience and training
- All MAP Peers are NCPRSS certified (Nationally Certified Peer Recovery Support Specialist):
  - Provided through the NAADAC, National Association for Addiction Professionals (The premier global organization of addiction focused professionals.)
  - Minimum of 1 year full time direct practice (voluntary or paid) in peer recovery
  - Minimum of 3 years of self recovery from a substance use/co-occurring mental health disorder

# Thank You – Questions?

[Jacob@thisismap.com](mailto:Jacob@thisismap.com)

