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**Peer support specialists offer experienced-based help
to patients with substance use disorders**

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The numbers on drug and alcohol abuse are pretty staggering.

Approximately 21 million Americans have some form of substance use disorder, according to a 2016 report by the U.S. surgeon general. That’s about the same as the population of Florida.

The federal Centers for Disease Control and Prevention says there were more than 64,000 drug overdose deaths in this country last year. That represents a 21 percent increase over 2016, which is attributable to the opioid epidemic, and is roughly 8,000 more than the number of Americans killed in the Vietnam War.

Add the 88,000 alcohol-related deaths in the United States each year and you get a figure that’s more than double the annual number of deaths from auto accidents and gun violence combined.

But perhaps even more staggering is that, according to different studies, only 10 percent of people with substance use disorders receive any type of treatment for their dependency on alcohol, prescription medications and/or illicit drugs – even if they’re patients at a hospital.

“With what other disease do 90 percent of the people suffering from it not get help?” asked Laura Veach, Ph.D., professor and director of specialized counseling, intervention and training in the surgery-trauma department at Wake Forest Baptist Medical Center.

To better treat those patients who exhibit either unmistakable and less-apparent signs of substance abuse – regardless of the primary reason for their being at the hospital – Wake Forest Baptist last summer filled four newly created positions. These new hires weren’t health care practitioners with medical, nursing or other advanced degrees but rather “civilians” with a common credential: personal experience.

“I can be a good example or a horrible warning,” said Bob Richardson, a onetime alcoholic and drug user who is one of the four certified peer support specialists now working at Wake Forest Baptist.

“The real strength of peer support is the shared experience.” Richardson said. “It’s a patient saying, ‘You won’t believe what I’ve done,’ and me saying, ‘Try me. I’ve probably done it myself, and then some.”

Peer support specialists are people with a history of substance use disorder or mental illness who are in recovery and have been trained to provide personal, experience-based guidance and assistance to others with similar problems. Their duties can include helping individuals identify issues, articulate goals for recovery, learn coping strategies, adopt self-help techniques and access appropriate treatment services.

Different states have different requirements for peer support specialist certification. North Carolina requires passing a 40-hour training course to obtain certification, with renewal every two years subject to completion of 20 hours of continuing education.

Richardson works in Wake Forest Baptist’s Emergency Department alongside Terry Cox, who has dealt with personal mental health issues.

“As we identify the patients, Bob and Terry are able to find common ground with them more easily than we as providers can,” said emergency medicine physician Christopher “Crick” Watkins, D.O. “They can bridge the gap in a non-judgmental way and open an avenue of communication to help the patients recognize that they might have a problem, but more importantly to let them know that there is hope and opportunity for recovery.”

But that counsel doesn’t come in a one-size-fits-all package.

“Often times I won’t even bring up the idea of substance abuse with the patient,” said Richardson, who has done peer support since 2005. “I just say that I’m there to support them, and they get to define that. Over the course of time I’ve gotten pretty good at figuring out whether to go right in like a bull in a china shop or be a little more subtle.”

Peer support is available in the ED from 8 a.m. to 10 p.m. Monday through Friday, with Richardson and Cox alternating shifts. But their work isn’t limited to the confines of the hospital; they also provide follow-up support to help the patients navigate the ins and outs of the recovery process.

Providing peer support to emergency patients is not a new concept, though “across the country it’s still pretty rare,” Watkins said.

It is even less common with inpatients, Veach said, “but we’re changing that here.”

Two of Wake Forest Baptist’s peer support specialists, Alex Wilson and H.B. “Coach” Harris, work in internal medicine inpatient wards.

“In combination with Alex and Coach, the physicians, addiction specialists and counselors on our team can see more people, especially those with more serious substance use disorders, and deal with them in a way that the majority of hospitals just don’t,” Veach said.

Wilson and Harris also have more time to interact with patients than their counterparts in the ED.

“Some of the people are here for a while, so we have the chance to work with them in multiple sessions, getting to know them, building rapport, identifying issues, helping them in any way we can,” said Wilson, a recovering heroin and opiate addict.

“There are plenty of teachable-moment opportunities,” added Harris, who said that he “sipped, dipped, sniffed and tripped” before getting clean almost 30 years ago.

There’s also plenty to keep the peer support specialists busy. Wake Forest Baptist statistics indicate that about 50 percent of emergency trauma cases and about 30 percent of all admissions involve alcohol or drugs in one way or another. Alcohol is the most common issue overall but drug-related cases are more stark among inpatients because drugs, especially those taken intravenously, more frequently cause or exacerbate serious conditions that require hospitalization and often impact younger adults.

The idea of having peer support at Wake Forest Baptist was introduced about four years ago by Steve Scoggin, Psy.D., L.P.C., associate vice president of behavioral health at the Medical Center and president of its subsidiary CareNet Inc., the statewide counseling service.

“I was very impressed by how peer support fit into the health care system,” said Scoggin, who was exposed to the practice through the College for Behavioral Health Leadership. “I saw it as filling a gap in our care model.”

The peer support program was established at Wake Forest Baptist with a grant from the Hanley Family Foundation, a nonprofit organization that supports projects associated with chemical dependency, alcoholism and addictive behavior

“The grant has two specific goals,” Watkins said. “One is to reduce recurring visits by patients with substance use disorders, particularly alcohol. The other is to permanently establish peer support specialists within the culture of how we provide care here.”

As the program has been in existence less than a year there are no hard data to measure its effectiveness. But, Veach said, “We have looked at trends and what we are seeing is that the patients who have received this type of intervention have a lower incidence of returning to the hospital than those who haven’t.”

The specialists say they have been accepted and made to feel appreciated by the medical providers and other staff members they work with, and are usually well-received by the patients – though not necessarily right off the bat.

“Some of them are startled that there’s someone standing before them who’s had a similar type life experience,” Harris said. “But once they get over that they feel a little more settled, a little more at ease, a little more open. They lose some of the preconceived ideas, notions, attitudes they may have had.

“They realize they’re not alone, and that’s a big component of the process.”

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