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The role of social work and peer support workers in addressing the opioid crisis

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ABSTRACT

Peer-led interventions to address the opioid crisis are on the rise. This brief report discusses the historical and contemporary social work role and Peer Support Workers (PSWs) by exploring the literature. The authors illuminate the lack of social work addiction training within higher education, highlighting practical strategies that social workers can use as interventions. Moreover, the work explores social work's role in maximizing the PSW workforce to address Hispanic and Black communities most impacted by opioid overdoses. Combining PSWs with clinical social worker's roles will enhance recovery while addressing vital psychosocial issues.

KEYWORDS

Peer support workers; recovery; opioid overdose prevention; social work; minority communities

Introduction

Opioid overdose deaths are adversely impacting the United States' (US) populace, a situation currently being referred to as an epidemic (Centers for Disease Control and Prevention (CDC), 2020). In a 2020 report using provisional data, there were 81,003 drug overdose deaths in the twelve months ending in 2020 in the US, approximately 59,069 (73%) of which involved an opioid (Ahmad, Rossen, & Sutton, 2020). Already at increased risk of overdose, Blacks and Hispanics continue to be disproportionately impacted across metropolitan areas, especially with the infusion of illicitly manufactured fentanyl (Wilson, Kariisa, Seth, Smith, & Davis, 2020); Lippold, Jones, Olsen, & Giroir, 2019). Moreover, racial disparities exist in substance use disorder (SUD) treatment settings, impacting access to and the completion of treatment (Allen, Nolan, & Paone, 2019; Lewis et al., 2018; Pittman et al., 2017; Soloner & Cook, 2013). Socioeconomic stress, unemployment, housing instability, and structural racism and stigma have been identified as factors contributing to racial disparities among those engaging in high-risk SUD behaviors. Soloner and Cook (2013) highlight that Black and Hispanics were less likely to complete addiction treatment than their White counterparts. Disproportionate prevalence rates, challenges to accessing treatment, and disparate treatment success rates, while longstanding, are unjust.

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The magnitude of the opioid epidemic has medical and behavioral health professionals, including social workers, actively seeking new and creative solutions to address this problem. The National Association of Social Workers (NASW) (2017) *Code of Ethics* outlines a core ethical principle of social justice – social workers practice social change and challenge social injustice. Hispanic and Black communities impacted by opioid-related deaths are historically marginalized, underserved, and oppressed; thus, they require a focus in social work practice. This paper describes the historical and contemporary roles of social work and peers in SUD settings and strategies to optimize these professions' efforts to work together, addressing the epidemic. The integration of peer support in SUD settings with social work's psychosocial interventions is a novel and feasible approach.

History of social work's role in addiction

Social work has long addressed addiction issues (Straussner, 2001; Trattner, 1999). Contemporary social workers are trained in recovery-oriented practice, providing person-centered treatment and identifying strengths (Amodeo & Litchfield, 1999). Lack of appropriate SUD training is common in social work education (Rhodes & Johnson, 1996). Sun (2001) outlined significant factors contributing to the lack of social workers in SUD settings and recommended that additional social work training and increased faculty with SUD expertise will enhance contemporary social work's understanding of addiction and honor the profession's historical precedents (Straussner, 2001).

History of peers support and mutual aid

Mutual aid support for responding to SUDs significantly predates social work. Native Americans recovering from alcoholism in colonial America provided mutual support to one another (Finan, 2017; White, 2000). Alcoholics Anonymous (A.A.) and Narcotics Anonymous (N.A.) emerged in the early 20th century (White, 2000). As early as 1970, recovering individuals populated the developing treatment industry, modeling recovery and serving as a bridge between clients and staff – eventually leading to a structured peer role in SUD treatment (White, 2000). Peers deliver recovery based services other than traditional mutual aid models (White, 2009).

The PSW role

Various terminologies describe peer-related roles, including “Peer Provider,” “Recovery Coach,” “Certified Peer Specialist, and “Certified Recovery Peer Advocate.” For this report, we use the term “Peer Support Workers” (PSWs). Deegan (2017) indicates the PSW's role fundamentally differs from a clinical

social worker. Unlike a social worker, who provides clinical support, PSWs provide *peer support*, a process of giving or receiving non-clinical help by individuals with lived experience of recovery (Mead, Hilton, & Curtis, 2001; White, 2009). Social work views individuals holistically, systemically, and not just as a diagnosis. PSWs too, are keenly aware of stigma and discrimination in treatment communities which devalue participants. PSWs use lived experience to help individuals navigate treatment. Together, these commonalities and differences between PSWs and social workers make up a shared mutual relationship, generating a robust foundation for programs addressing SUD conditions.

Effectiveness of PSWs

The positive impact of PSWs in addressing behavioral health conditions is well researched (Clossey et al., 2019; Davidson, Bellamy, Guy, & Miller, 2012; Davidson, Chinman, Sells, & Rowe, 2006; Mahlke, Krämer, Becker, & Bocka, 2014; Repper & Carter, 2011; Sledge et al., 2011; Solomon & Draine, 1995). While there is extensive literature concerning PSWs in behavioral health settings, the social work literature on the PSW role in SUD settings is limited and relatively recent (Ashford, Curtis, Meeks, & Brown, 2019; Myrick & Del Vecchio, 2016). Nevertheless, the PSW role has proven effective (Boisvert, Martin, Grosek, & Clarie, 2008; Myrick & Del Vecchio, 2016; Tracy & Wallace, 2016). For example, PSWs in SUD settings are positively associated with reductions in criminal justice involvement, utilization of emergency services, rehospitalization rates, substance use and relapse rates, increased engagement of providers, treatment retention and other social supports, treatment gratification, and housing stability (Bassuk, Hanson, Greene, Richard, & Laudet, 2016; Eddie et al., 2019; Reif et al., 2014; SAMHSA, 2011; Tracy & Wallace, 2016).

Using PSWs in SUD settings is essential to engage minority communities. Often, when entering treatment, minority individuals and their families will not encounter staff of the same cultural and racial background. Minority individuals are more likely to endorse feelings of not belonging and have concerns that their languages would not be used within peer-related programs (Jonikas et al., 2010). These authors postulated a greater need for cultural competency training in peer-led programs. Using diverse staff such as minority PSWs is crucial to successful interventions for addressing the opioid overdose epidemic within minority communities (Substance Abuse and Mental Health Services Administration (SAMHSA), 2020). PSWs working with people from communities they identify with can engage, communicate, and use language common in their communities. They also draw from their SUD lived experience, making them uniquely qualified to assist others in their recovery

process and provide linkages to SUD services, such as evidence-based medication (SAMHSA, 2015).

PSWs and overdose

A nonfatal opioid overdose increases the risk of a fatal opioid overdose (McGuire et al., 2020; Stooze, Dietze, & Jolley, 2009). Most individuals are transported to the emergency department (ED) after a nonfatal opioid overdose, providing an opportunity to engage individuals who are at high-risk. PSWs have focused on mobilizing traditional services within crisis management systems like the ED (Ashford et al., 2019; White & Evans, 2013; White, Kelly, & Roth, 2012). The incorporation of PSWs within EDs, where crisis social workers are traditionally found, shows promising results (Wayne et al., 2019; Welch, Jeffers, Allen, Paone, & Kunins, 2019).

Emergency administration of naloxone, an opioid overdose reversal medication, is a strategy to reduce opioid overdose deaths (Dolatshahi, Maldjian, Welch, Fulmer, & Winkelstein, 2019). Using PSWs is an effective intervention for preventing opioid overdose by increasing naloxone availability for people who use drugs (Hanson, Porter, Zold, & Terhorst, 2020; Piper et al., 2008; Seal et al., 2005; Tobin, Sherman, Beilenson, Welsh, & Latkin, 2009). Black and Hispanic PSWs decrease stigma in minority communities and dispel misconceptions, for example, that naloxone promotes substance use or that people accessing it may face legal and punitive consequences (SAMHSA, 2020). Increased access, training, and overall naloxone distribution from social workers and PSWs can reduce opioid-related deaths.

The same should prove true in medication for opioid use disorder (MOUD) settings – where encountering providers of similar cultural background should prove validating of this treatment model for minority individuals. Despite their effectiveness in treating opioids, MOUD is often underutilized (Eddie et al., 2019). The use of PSWs increases support, education, and engagement within the MOUD settings (SAMHSA, 2015). PSWs are uniquely positioned to address stigma and debunk misconceptions such as that MOUD is a substitution of one drug for another within recovering communities (SAMHSA, 2015).

Social workers face obstacles working with PSWs as they often lack knowledge of peer roles, lack training in providing PSW-specific supervision, and face challenges integrating PSWs within organizations (SAMHSA, 2019). Despite these barriers, agencies and social work administrators will need to rely on these paraprofessionals' contributions. Social work supervisors can play a vital role in integrating the peer workforce and should use available and practical strategies to provide supervision of PSW practice (Martin & Jordan, 2017; SAMHSA, 2017, 2019)

Next steps for social work

Fully prepared to respond to SUD addiction or not, social workers are the largest block of behavioral health service providers in the nation (Lombardi, Zerden, Guan, & Prentice, 2018). NASW determined that 71–87% of social workers reported working with individuals with a SUD (Wells, Kristman-Valente, Peavy, & Jackson, 2013). Inclusion of social work education specifically to address opioid use disorder (OUD) and SUD conditions is essential (Lombardi et al., 2018). The Council on Social Work Education (CSWE) was awarded a SAMHSA grant to expand the SUD curriculum among thirty-two MSW programs to better prepare social work practitioners for working in addiction treatment (Council on Social Work Education (CSWE), 2019). Deploying prepared social workers to combat this national crisis is vital.

Despite lacking addiction training, social workers can implement practical strategies to address the opioid epidemic, such as improving access to evidence-based medications for OUD and cultivating access to quality psychosocial services. Social workers can connect individuals to prevention and treatment services such as PSWs and other health navigators for individuals with an OUD (Lister, n.d.; Powell, Treitler, Peterson, Borys, & Hallcom, 2019).

Social work's role in maximizing PSWs in behavioral health services may enrich service provision and can amplify peer support services by utilizing concepts of “narrative therapy, social constructionism, and the systemic therapies” in their work, reinforcing that the client is the expert in their recovery process (Loumpa, 2012, p. 63). Since PSWs and clients work together in the process of “retelling or witnessing” their recovery stories, social work can facilitate an environment in which clients can reconstruct their stories with PSWs to maximize the recovery process (Loumpa, 2012).

Social workers leverage their leadership roles and advocacy skills to integrate and elevate the PSW workforce within behavioral health settings serving minorities. At a micro level, social workers can incorporate staff members with lived experience in the planning and implementation of peer services, including hiring both minority PSWs and social workers from the communities being served. Nationally, the minority social work workforce with a master's degree or higher are underrepresented. Spanish speaking Hispanic social workers accounted for approximately 9.5%, while; Black social workers accounted for 19.1% of the workforce, which should increase (Salsberg et al., 2017).

Conclusion

The beneficial role that PSWs can play in addressing SUD treatment and opioid overdose is evident, primarily when PSWs work in tandem with social workers. Maximizing staff diversity of PSWs and social workers in minority-

serving agencies enhances the provision of services offered. Social work can play a critical role in elevating the PSW workforce within agencies. Social work should continue to address racial and health disparities through advocating and enhancing social justice values. Peer support, combined with social work's psychotherapeutic interventions to address psychosocial issues, will be vital in alleviating the opioid epidemic in the United States.

Disclosure statement

No potential conflict of interest was reported by the author(s).

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