

Support for People with Substance Use Disorders: Crisis and Peer Supports

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As the opioid epidemic continues to be a major public health crisis with record-breaking deaths, policies that promote services for people with substance use disorders (SUDs) beyond clinics and in-patient facilities can help support treatment and recovery. Two types of these services include **crisis support helplines** and **peer support recovery services**.

Crisis Support Helplines: In July 2022, 9-8-8 Suicide and Crisis Lifeline became a resource for the public to reach trained crisis counselors who can assist with struggles or emergencies related to substance use as well as mental health. The trained crisis counselors can provide information, support and treatment referrals, and immediate linkages to Peer Support Services. These may improve the likelihood that people will receive needed care and engage in treatment services.

[Additional helplines](#) people can call to get support for substance use issues include:

- The Substance Abuse and Mental Health Services Administration National Helpline: 1-800-662-4357
- National Alliance on Mental Illness HelpLine: 1-800-950-6264
- National Drug Helpline: 1-844-289-0879
- National Institute of Mental Health Information Resource Center: 1-866-615-6464
- Partnership for Drug-Free Kids: 1-855-378-4373

Peer Support Services provide trauma-informed, [relationship-focused](#) substance use recovery and [harm reduction](#) support. These services are delivered by people who have lived experience with SUDs and recovery from SUDs.

- Peer support workers may be [better equipped](#) than clinicians to empathize with clients, recognize psychosocial issues, and communicate in a more relatable manner. Workers:
 - Undergo training and certification (if offered by the state) for [helping](#) people stay in recovery and connect with their communities;
 - Share their experiences, do 1-on-1 coaching, help link people to resources, build relationships within the community, and perform outreach;
 - Facilitate or lead recovery-oriented [group](#) activities, including secular alternatives to 12-step programs.
- **Effectiveness** has been shown by [studies](#) indicating that recovery is facilitated by social support. [Demonstrated](#) improvements include:
 - Lower relapse rates, reduced substance use, improved mental health, [positive self-perception](#), better access to social supports, and housing stability.
- **Implementation** can vary widely but [successful strategies](#) include:
 - Programs that are “[designed](#) and delivered by people who have experienced both SUD and recovery;”
 - [Collaborative supportive networks](#) for peer workers to reduce the likelihood of burnout; especially key when there are small numbers of peers;
 - Services embedded within medical settings, treatment settings, or stand alone peer-led organizations; can be both recovery and [harm reduction-focused](#);
 - Specialized peers for people who are pregnant and postpartum; can be achieved through [doula certification](#) and can [improve health outcomes](#);

- Affinity groups offered through employers, meaning space to meet alone specifically for people in recovery, [can reduce stigma](#) and provide a place for people in recovery to connect with others in the workplace.
- **Recovery Coaching** is a new type of intensive peer support. Evidence of effectiveness is [emerging](#) and [promising](#). Coaches:
 - Have lived experience in recovery, are stable in recovery, and usually have received some training in recovery coaching;
 - Provide individual and tailored support, typically for people who have received hospital or inpatient care for SUD;
 - Provide intense support for a range of psycho-social issues, including housing, relapse prevention, transportation to meetings, counseling or other recovery focused supports, transportation to job interviews, and connections to other resources as people navigate their post-treatment life;
 - May have incarceration histories, enabling them to support people in recovery who are re-entering communities after incarceration.

Considerations for Policymakers

For helplines:

1. Fund evaluations of crisis support helplines to determine best practices, such as the National Academy of Medicine's evaluation of 9-8-8's performance.
2. Direct funds received from federal block grants to support implementation of the 9-8-8 Lifeline, including: expansion of local crisis call center capacity, staff training, network operations, and behavioral health crisis coordination.

For peer support recovery services:

1. Fund rigorous evaluations of peer services and establishment of best practices.
2. Align state certification with the core [competencies](#) and [supervision](#) recommendations outlined by SAMHSA.
3. Encourage private insurance and Medicaid to reimburse for peer support services.
4. Fund community capacity building grants to increase peer workforce.
5. Support mechanisms to provide people with SUDs with peer services upon community re-entry from incarceration.