



# Examining the role of peers in supporting MOUD

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## Introduction

- Medication for opioid use disorder (MOUD) is effective for treating OUD, yet widely underutilized.
- Multiple barriers to MOUD initiation and retention have been identified.
- Peer recovery support services have been found to improve outcomes in general, but little is known about peers' role in supporting MOUD for those in recovery from OUD.
- Peers are increasingly being integrated into the cascade of care for OUD and may offer a unique opportunity to support MOUD initiation, adherence, and retention.

## Methods

- Qualitative, semi-structured interviews with 7 individuals currently providing peer support services asked about:
  - Knowledge and training around MOUD
  - Comfort and confidence discussing MOUD
  - Activities/discussions with recoverees about MOUD
  - Barriers to and facilitators of supporting MOUD
- Transcribed using SpeakAI software, then checked by researcher for accuracy and coded using thematic analysis

## Results

- Peers have some knowledge about MOUD, but expressed significant gaps in that knowledge.
  - Not sure how MOUD works (mechanism of action)
  - Only familiar with certain types of MOUD
  - Knowledge limited to personal experience and/or what is used in their workplace
- All peers expressed a desire for more comprehensive and ongoing training.
  - Training on MOUD limited to one time while obtaining certification
  - Strong desire to stay up-to-date on MOUD advances
- Peers are comfortable discussing MOUD with recoverees, and do so regularly.
  - Peers sometimes provide additional supports, such as helping with medication adherence, arranging transportation to providers, etc.
- Stigma around MOUD is the primary barrier peers face

## Peers work to support MOUD but want more training

Figure 1. Word cloud of frequently used terms in interviews.



Gender Identity	4 female 3 male
Age	M=44.5 years (range=28-61)
Years working as a peer	M=7.58 years (range=10 months- 22 years)
In recovery from OUD	71.4% (5 of 7)
Personal history of MOUD use	71.4% (5 of 7)
Employment settings (current and past)	Hospital, primary care, MAT clinic, criminal justice settings, community centers, overdose response unit, syringe service center, public schools, recovery residence, homeless shelter

*"It [MOUD education] is not part of the mandated training to become certified and I think that it should be"*

*"We talk a lot about getting rid of the biases and the barriers to treatment. And unfortunately, you know there is a barrier with MOUD, unfortunately there is a stigma... So we need to destigmatize the taboo of talking about what needs to be done"*

*"I feel pretty confident talking about Suboxone and Sublocade. I don't feel quite as confident speaking about methadone or Vivitrol just because I don't have personal experiences with either and I don't know quite as many people who are on [those]... so my knowledge isn't like being refreshed about that"*

## Discussion & Conclusions

- This is the first study that specifically asks peers to describe their knowledge, attitudes, and practices regarding MOUD for those in recovery from OUD.
- Peers are supportive of MOUD and comfortable discussing it with recoverees, but their confidence varies based on individual knowledge.
- Peers have limited training around MOUD and express a strong desire for more education.
- Findings underscore the importance of providing more training on MOUD for the peer workforce.
  - Training should be ongoing and should go into depth about the different MOUD options, how each works, and best practices for helping clients initiate, maintain, and switch or taper off medications.
  - Policies that require MOUD training as part of the peer certification and recertification processes may benefit peers and those in recovery.
- Significant work is also needed to lessen stigma around MOUD, which peers identify as a major barrier to their ability to support MOUD use.