

Peer Services: Recruitment, Integration, and Supervision Webinar Questions and Answers

1. *Do people have the option to receive methadone and buprenorphine too, not just extended-release naltrexone (Vivitrol)?*

All peer services work for and with individuals to identify what their needs and goals are, including which medications are available to assist them in their recovery. If they are in a jail program where only naltrexone is offered but they do not want naltrexone, the peer professional helps them get information about other medication options as well as educates them on their differences.

2. *Who is in charge of supervising peer support specialists?*

In Tanya's case, she is the supervisor of the peer support specialists. Peer supervision has also been provided by agency clinicians and/or a senior peer who has been working in the field and has demonstrated appropriate knowledge, interest, and ability to supervise peers. It is helpful to have a person who is both a professional and a peer.

3. *Our federally qualified health center (FQHC) is opposed to methadone as a form of medication-assisted treatment (MAT). This FQHC wants to use the buprenorphine/naltrexone combination (Suboxone). Can you expand on that? Is Vivitrol or extended-release buprenorphine (Sublocade) a better option for rural areas?*

Methadone is highly stigmatized. Stigma can play a role in professionals' preferences of what type of medication they support and/or recommend to people seeking recovery. Methadone is a long-standing evidence-based MAT used to treat opioid addiction. Research for buprenorphine is growing. The Substance Abuse and Mental Health Services Administration's Treatment Improvement Protocol 63: *Medications for Opioid Use Disorder* is a good resource on this topic. To download a copy, visit <https://www.store.samhsa.gov/product/TIP-63-Medications-for-Opioid-Use-Disorder-Full-Document-Including-Executive-Summary-and-Parts-1-5-/SMA18-5063FULLDOC>.

4. *Do you find it difficult to recruit male peer specialist?*

Recruiting male peer specialists is challenging, similar to other helping professional fields where more women are interested in doing the work. Tanya has four men and eight women on her team.

5. *How do you link people who return to active drug use to harm reduction resources in Wisconsin?*

The peer services that Tanya described widely provide naloxone (Narcan) while informing recipients about the needle exchange in Dane County, safe practices, and the Don't Run, Call 911 law. Also, her peer services remain available to people even if they return to active drug use.

6. *Do you partner with law enforcement crisis intervention teams? If so, is the partnership working out?*

Tanya's peer services have partnered with local and county police forces on ED2Rec efforts and the Madison Addiction and Recovery Initiative (MARI) program, which offers offenders of non-violent drug-related crimes to be cleared if they agree to have an assessment, work with a peer recovery coach, and enter into treatment per assessment recommendations. These individuals cannot be on probation or extended supervision. The MARI program began because peers and other people in long-term recovery were willing to share their stories with police in formal meetings to educate officers on addiction and recovery.