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A review of literature of peer-based recovery support in substance abuse and the implications for effective implementation in Seychelles

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ABSTRACT

Background: Despite the development of enhanced professional and specialized care for substance use disorder (SUD) patients, relapse rates remain high. In tacit recognition of this, health-care services have turned toward recovery-oriented approaches, which include incorporating various forms of peer-based recovery support (P-BRS) (peer support) to reduce relapse rates. While P-BRS has been implemented in the United States and Europe with huge success in facilitating long-term recovery from SUD, little is known about its effectiveness in Seychelles.

Aim: This literature review focuses on the role of P-BRS for those with SUD, by defining peer-based support, assessing its effectiveness, and describing the benefits and challenges presented in carrying out peer-based support in SUD treatment, as well as informing effective implementation in Seychelles.

Method: An inclusive search of published peer-reviewed and non-peer-reviewed literature on P-BRS and SUD between 2015-2019 was done using search engines of PubMed, PsychInfo and Google Scholar.

Results: The search reveals that P-BRS is effective in SUD recovery as it decreases the rate of re-hospitalization, gives social support, reduces stigma and empowers people in substance abuse, which positively affects the lives of peers and improves treatment outcomes. Recommendations are made as to how peer support can be effectively implemented in Seychelles to reduce relapse rates and enhance well-being for SUD patients.

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Substance use disorder; peer-based recovery support; relapse

Background and objective

Substance use disorder (SUD) is among the prevailing problems in the world today and presents a challenge to the Seychelles in particular. Given the high levels of stigma associated with people involved in substance misuse (Best et al., 2015), peer-based recovery support (P-BRS) has been found to improve outcomes for people with SUD within certain contexts (Tracy & Wallace, 2016). P-BRS may create opportunities for positive role-modeling (Myrick & Del Vecchio, 2016), increased social relationships, changes in social identities (Best et al., 2016) with potential to improve self-worth and aid recovery.

Before delving into the details of P-BRS, it is important to discuss the problem of substance misuse globally, as well as in the Seychelles context. Global evidence indicates the scale-up of the use of illegal drugs worldwide. The United Nations Office of Drug and Crime's (UNODC) "World Drug Report 2020" indicates that an estimate of 269 million people had used drugs at least once worldwide in 2018 (range: 166–337 million). The World Drug Report also shows that over the period from 2009 to 2018, the estimated number of past-year users of any drug globally increased from 210 million (range: 149–272 million) to 269 million (range: 166–373 million). In other words, it is increased by more than a quarter (28%). UNODC's results highlight that some 35.6 million people suffer from drug use disorders, meaning that their pattern of drug use is harmful (United Nations Office on Drugs and Crime [UNODC], 2020).

While drug use is a global issue, in particular in Seychelles, the use of illicit drugs is on the rise. Seychelles Nation (2020), the country's main newspaper, highlights that in 2019, the police drug force Anti-Narcotics Bureau (ANB) seized around 3 kg of cocaine, 6.1 kg of heroin, 15.57 kg of cannabis and its derivatives, and 767 cannabis plants (Seychelles Nation, 2020).

Earlier, in 2018, the Seychelles News Agency (SNA) reported that there was an increased rate in the use of heroin (Seychelles News Agency, 2018). The alarming results were produced by a respondent-driven survey titled "Seychelles Biological and Behavioural Surveillance of Heroin Users of 2017." The survey done by the Agency for the Prevention of Drug Abuse and Rehabilitation (APDAR) in 2017 showed that the population of heroin users aged 15 years and above is around 5000 people (Seychelles News Agency, 2018) out of the country's 95,000 people. Given the country's small population size, the population of heroin users is particularly worrisome.

Despite APDAR's efforts to prevent and rehabilitate heroin users by putting in place a methadone program at the agency's aftercare service, it is observed that a new trend of cocaine use (a stimulant) is emerging. This was discovered during a screening conducted for persons (2500 of them) involved in APDAR's methadone program. The results of the regular urine and screening tests (for heroin, amphetamine, methamphetamine, ecstasy, cocaine, and marijuana) done for the people in the methadone program indicated that 65% of them tested

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positive for marijuana between January and March 2020 in recent tests conducted (Seychelles Nation, 2020).

Increased use of cocaine and other illegal drugs in Seychelles has negative consequences on the health of the persons involved, their families, as well as society as a whole. However, specialized care, such as the creation of treatment centers with professional care workers is being developed to combat substance abuse in Seychelles.

SUD, considered an addiction, is usually addressed through intense professional services; however, studies show that relapse rates have remained generally high (Simpson & Broome, 2002). Research also shows that, frequently, SUD patients are processed by hospital staff and released without meaningful engagement, only to return to the near future (Frazier et al., 2017). Hence, health-care services, particularly addiction services, have adopted recovery-oriented chronic care approaches. Recovery from drugs or alcohol problems is a process of change through which an individual achieves abstinence and improved health, wellness, and quality of life (Sheedy & Whitter, 2009, p. 1). The movement toward recovery-oriented care for SUD has seen a growing emphasis on formally incorporating various forms of P-BRS in addiction recovery. Given the likely improved social benefits of groups rather than 1:1 interventions, in line with the Social Identity Theory (discussed below), this paper will focus on P-BRS use in SUD treatment.

There has been an increase in the adoption of alternative forms of P-BRS services to assist recovery from SUD in the United States (US), Europe, and the United Kingdom (UK) (Tracy & Wallace, 2016). More recently in Africa, there has been an expansion of peer-support services in assisting people leaving with HIV (Mark et al., 2019), but not so much is known about the use of P-BRS in SUD treatment. Within the addiction arena, there is a long history of P-BRS groups as it has been shown to be a key component of many existing addiction treatments and recovery approaches like the community reinforcement approach, therapeutic communities and 12-step programs (Tracy & Wallace, 2016). Social identity theory (Scheepers & Ellemers, 2019) has been used to attempt to explain the benefits of P-BRS in SUD populations (Best et al., 2015) and may be the reason for its increased adoption globally. An earlier review of evidence support done by Best et al. (2010) asserts that simply belonging to one or more social groups or networks is supportive of recovery (Best et al., 2010). Taking into consideration that people in Seychelles live in small communities with strong bonds and social cohesion existing, P-BRS approach will be beneficial.

Neighbors et al. (2013) emphasize that social identity has been found to moderate the influence of others on substance use. This is because the people with whom we most strongly identify have the largest influence on our behavior. In this light, for those who misuse substances, associating with P-BRS groups aimed at achieving recovery from SUD will aid in reducing relapse. In Seychelles, people with SUD face stigmatization as the public often views them as mentally unstable. According to APDAR, they face challenges to convince employers and the society-at-large to give persons with SUD in recovery a second chance because of such public perception of these people (Agency for the Prevention of Drug Abuse and Rehabilitation [APDAR], 2019). Such public perceptions and beliefs about SUD are influenced by knowledge about these disorders, the degree of contact or experience that one has had with people with SUDs, media portrayal of people with SUDs, etc. However, having P-BRS groups with peer recovery coaches who have lived through these experiences of stigmatization can motivate current users and help in their recovery. So, with the use of peer interventions through P-BRS, they will have a sense of belonging and self-worth as they participate in the groups aimed at recovery.

Literature reviews regarding the use of P-BRS in recovery from SUD have been conducted in the past. Tracy and Wallace (2016) note that methodological weaknesses exist in the literature that makes it difficult to reach a definitive conclusion on the P-BRS approach as well as its benefits. In light of this, there is a need for a more recent comprehensive literature review on the P-BRS approach in SUD to assess the state of the field and to indicate its effectiveness, benefits and challenges in the recovery/treatment process. This review thus complements and extends the already existing literature, as well as informs the implementation of P-BRS in Seychelles.

Therefore, this review draws on published peer-reviewed literature and non-peer-reviewed literature to define P-BRS and to describe its effectiveness, the benefits and challenges in using P-BRS in SUD recovery, as well as to inform its pragmatic use in Seychelles. For clarity purposes, we consider P-BRS (groups) as the process of giving and receiving non-professional and non-clinical assistance from individuals with similar conditions or circumstances to achieve long-term recovery from psychiatry, alcohol, and/or other drug-related problems (Tracy & Wallace, 2016).

Methods

As this review sets out to clearly define P-BRS, describe its role and its impact (including challenges), and determine ways in which peer-based support could be implemented most effectively in substance misuse treatment in Seychelles, some methodological questions were raised including: What inclusion and exclusion criteria would apply and what type of evidence should be included (i.e., what search and selection strategy was most appropriate)?

Inclusion and exclusion criteria

Articles were included if:

- P-BRS focused on people facing substance use disorder.
- Articles were peer-reviewed and non-peer-reviewed articles.
- Articles were written/published between 2015 and 2019.

Articles were excluded if:

- Peers were not offering support to people experiencing substance use disorders.
- Articles were published before 2015 or after 2019.

Search strategy

A computerized search was conducted to find both peer-reviewed and non-peer-reviewed articles pertaining to P-BRS and SUD

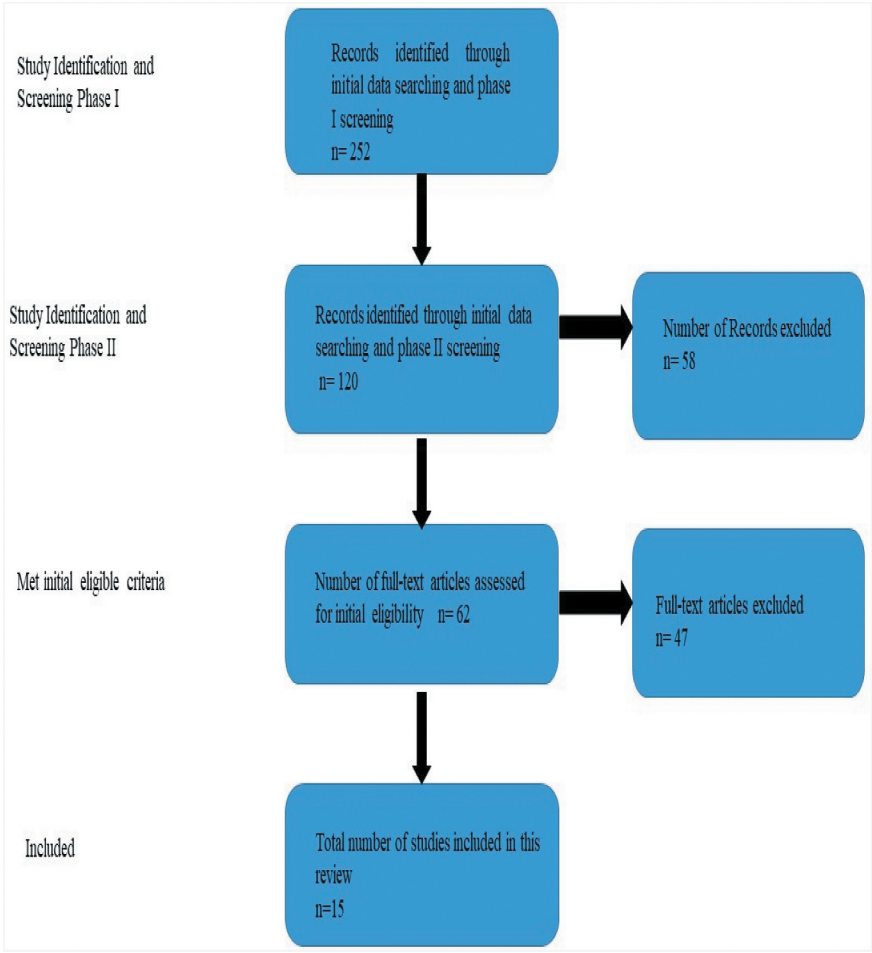

Figure 1. Diagram of study selection.

between 2015 and 2019. A combination of the following keywords was used to search for published articles in PubMed, PsychInfo and Google Scholar: peer-based "recovery support" (including related terminology such as "peer support"), addiction, substance misuse, and "substance use" (including related terminology as "drug," "drug use). This research was done on the 14th of June 2019. The process is summarized in Figure 1.

Results

Defining peer-based recovery support

A number of the reviewed articles (N = 5) provide similar definitions of P-BRS centered on the same idea. Central to the idea of P-BRS is the fact that people who share similar experiences can offer help, empathy, validation, information, and hope for another person pursuing recovery (Myrick & Del Vecchio, 2016). The process of helping people involved in SUD creates social identities that serve to structure and restructure a person's perception and behavior – their values, norms and goals, their orientations, relationships and interactions, what they think, what they do and want to achieve (Haslam, 2014). Korostelina (2007) describes social identity as "a feeling of belonging to a social group, as a strong connection with social category, and as an important part of our mind that affects our social perceptions and behaviour" (Krostelina, 2007, p. 15).

P-BRS is mostly used in recovery from mental disorders or SUD. Myrick and Del Vecchio (2016) earlier pointed out that P-BRS is defined differently in mental health as in SUDs. Since this article focuses on substance use, we focus on how P-BRS is used in SUD. Tracy and Wallace (2016) offer a precise and all-encompassing definition of P-BRS as "*the process of giving and receiving nonprofessional, nonclinical assistance from individuals with similar conditions or circumstances to achieve long-term recovery from psychiatric, alcohol, and/or other drug-related problems*" (Tracy & Wallace, 2016).

P-BRS group leaders are often referred to as recovery coaches. Recovery coaches generally provide peer-support services within three distinct program models: (a) The clinical model, where the recovery coach is typically an addictions counselor who supports clients before, after, and during addiction treatment; (b) The community development model such as recovery community organizations, where the community is an important part of recovery and the recovery coach is an active member of the community; and (c) The business model, where independent for-profit entities employ recovery coaches to deliver fee-for-service recovery support services (White, 2010 as cited in Myrick & Del Vecchio, 2016). Bassuk et al. (2016) highlight that P-BRS services are delivered through formal structures and specialized roles aimed at providing services across a range of domains to support individual recovery. P-BRS services are provided in various forms including one-

on-one basis with peer recovery coaches or in group settings, such as in recovery housing and increasingly in collegiate recovery programs in academic settings (Bassuk et al., 2016).

Evidence of the effectiveness of peer-based support in substance misuse

Ten of the articles met the inclusion criteria for this review (Ashford et al., 2018; Bassuk et al., 2016; Best et al., 2017, 2016; Blash et al., 2015; Chapman et al., 2017; Gillespie et al., 2018; Holleran Steiker et al., 2015; Laudet & Best, 2015; O'Connell et al., 2017). These articles describe the effectiveness of P-BRS interventions in SUDs. Such effectiveness was highlighted in different forms such as the decreased rate of hospitalization, social support from peers, which positively affect the lives of peer supporters (recovery coaches) and those facing SUD, as well as improve treatment outcomes. The literature indicates that adding peer-led support may increase engagement in care over the short term and reduce substance use over the long term. Other studies show that P-BRS increasingly used to support the transition of care from in-patient substance abuse programs into the community. Although this literature generalizes the effectiveness of using P-BRS in SUD treatment, questions also arise, such as what benefits does this model bring to consumers/persons facing SUD? Thus, for this review, a summary describing the benefits of P-BRS to consumers was done to evaluate the impact of the model with a focus on how it can be practically used in Seychelles to reduce substance misuse on a long-term basis. The results of the review on the benefits of the P-BRS service on consumers illustrate that peer-led groups of SUD persons could enhance well-being by empowering, reducing stigma and giving social support through networking as discussed below.

Benefits of peer-based support groups for substance use disorder persons

Reducing stigma

The use of drugs has become the most stigmatized health condition in the world. In their conceptual framework of how the transition to recovery can occur through the contribution of social identity, using the example of Alcoholics Anonymous (AA), Best et al. (2015) found out that stigma has been demonstrated to have a damaging impact on efforts by individuals to tackle their alcohol and drug problems, as well as on their families, and adversely affects policy aimed at tackling SUD problems. To Best et al., stigma adversely impacted self-esteem and the perceived possibility of recovery, hindering willingness to access treatment and support for other health and social issues, and resulting in increased alienation. The authors suggest that this creates barriers to the social integration of a recovering addict and suggest the establishment of peer support, resources and the development of accessible and engaging networks of visible recovery groups that challenge stigma and discrimination through their activities and endeavors (Best et al., 2015).

In another study, Best et al. (2017) assert that peer support as social networks are seen not only as important components in recovery systems but also as vital ingredients in recovery journeys which aid in transitioning stigmatized and excluded groups to positive and prosocial groups (Best et al., 2017). This study suggests that recovery from SUD can be broadly understood in social terms as individuals in recovery learn through observation and imitation of others and are nurtured through the initial stages of recovery by peers with experiential knowledge. Though recovery is a personal journey, we see that it occurs in a social context among peers. Therefore, P-BRS groups (which are a positive social network) offer unique advantages to engaging with these groups of people (Tracy & Wallace, 2016).

Empowerment

Myrick and Del Vecchio (2016) in their recount of the effectiveness of peer support in SUD elucidate that there have been increased rates of empowerment for people with substance misuse engaged in P-BRS. Peer-support services are a means to support recovery after treatment as they help persons with SUD to attain other goals like employment, education, housing and social relations (Laudet & Humphreys, 2013, as cited in Myrick & Del Vecchio, 2016).

Social support through social network

Social support through networking is one of the crucial benefits for people facing SUD, especially when they get involved in P-BRS groups. Best and Lubman (2016) in a study of 150 young people entering specialist alcohol and drug treatment (the Melbourne Youth Cohort Study) identified that outcomes of treatment were linked to changes in social networks. The authors discovered that young people who returned to their pre-treatment social networks were significantly more likely to relapse, but those who moved away from their social networks did not relapse. The type of social networks patients with SUD keep will determine if their recovery will be enhanced or not. A supportive social network like P-BRS groups with experiential knowledge in overcoming drug addiction is one network means through which relapse rates can be reduced(Best et al., 2017; Tracy & Wallace, 2016).

Challenges in peer-based recovery support

Risk of social curse

Although P-BRS groups provide a sense of recognition and identity for SUD persons, there is evidence that in-group processes (like favoritism, etc.) can be detrimental for well-being (Wakefield et al., 2019). According to Kellezi and Reicher (2012), this is described as a social curse. In this case, groups become a burden rather than a resource. Rather than helping people feel worthy, capable and supported in the face of stressors, groups can make them feel unworthy, incapable and unsupported (Wakefield et al., 2019).

Power

P-BRS groups are often considered non-hierarchical groups with equality existing among peers. However, with the formalization and training of recovery coaches, it is difficult to ignore issues of power. In one study, Bassuk et al. (2016) pointed out that P-BRS is delivered through formal structures and specialized roles. The use of formal structures and specialization of

roles as well as titles (like that of peer recovery coaches) could reasonably lead to power differences-even if these are minimized. On the other hand, not paying potentially vulnerable people (say peer recovery coaches – using their experience to support others) a service could be considered exploitative and heighten the power difference between paid professionals and people with addiction.

Maintaining peer recovery coaches' distinct role

It appears to be the case that P-BRS offers distinct features that are not currently provided by professional workers: that is support based on experience rather than clinical, more reciprocal relationships and conversations. The difference here lies in experiential knowledge of living with SUD versus knowledge gained through clinical training and treatment of SUD. However, questions arising will be whether professionals who have personal experience of SUD problems can offer this kind of support. Therefore, there exist issues in clearly distinguishing who can play the role of a peer recovery coach (LaFrance & Susan, 2017).

Implications and recommendation for effective implementation in Seychelles

The overarching goal of P-BRS is to provide recovering person support by allowing them to get sustained recovery in order to avoid relapse. Several aspects of the present review have implications for Seychelles. What may be the most important implication of this review for Seychelles is the need to acknowledge and address systematically and fully the issue of drug addiction recovery and relapse rates among substance misuse patients. This applies at all levels, especially because of the increasing rate of intake of illegal drugs on the islands and taking into consideration that professional help is usually a short-term one-time treatment. Thus, the implementation of P-BRS groups will aid not only in sustaining recovery but will also curb illicit drug use rates by ensuring social support as well as advocacy against substance abuse by peer coaches.

Given the increase in the use of drugs in Seychelles discussed above, integrating P-BRS for recovery will be an important model to consider for improving outcomes and reducing relapse. A typical person seeking treatment from SUD evolves from a drug user to a person dependent on substances, to an addicted person over the years. During this course, it is common for them to develop social, health, mental health and economic, as well as legal problems. Hence,psychosocial complications affect how responsive a person will be to treatment or if he will relapse after treatment. A comprehensive treatment delivery system is necessary to meet the diverse needs of patients at various phases of recovery. Besides, since SUD is a chronic condition characterized by occasional relapses, short-term one-time treatment is usually not sufficient. Therefore, there is a need for persons addicted to drugs to get prolonged treatment to achieve sustained recovery. It is at this point where P-BRS groups headed by peer coaches have proven to be most relevant.

As noted in the literature, P-BRS offers a promising model, which is effective in the recovery process from SUD and is beneficial to consumers as it empowers, as well as reduces, the stigma that SUD patients face. The P-BRS model also facilitates social reintegration by way of social support and social networking from peer groups through to the community while providing safe environments for those who misuse substances to express themselves during recovery. Through peer recovery coaches with experience and knowledge of SUD, safe environments are provided to give support for those in recovery.

The literature review above indicates the effectiveness and benefits of P-BRS, which suggests that this approach has great potential in promoting successful recovery and enhancing well-being when effectively incorporated in SUD recovery. Although P-BRS is a promising model, there still exist challenges in using it which can only be addressed through training, supervision and management of peer recovery coaches. Therefore, based on the review of literature, for integrating effective peer-based support (peer support) in SUD treatment in Seychelles, the following observations and recommendations are proposed:

Planning and development

A successful P-BRS program for SUD requires determining the specific issues affecting recovery and identifying the resources available to make suitable interventions. The planning stage involves organizing meetings on the best intervention programs and identifying those who are potential peer recovery coaches from the target group. Through collaboration with people with SUD, a group of recovery coaches can be created who will work alongside professionals. In addition, conditions for using peers are set as such: a) mode of program delivery, in-group settings, b) managing their own recovery alongside the role/seeking support, c) clarification of ethical issues for peer recovery coaches, such as confidentiality, dealing with personal bias, agreed level, and type of disclosure.

Training of peer group educators

Peer recovery coaches should be well trained on how to manage groups (developing group work skills), to enhance the self-esteem of group members, as well as on listening and communication skills. This will improve the effective performance of peer coaches in their duties. In collaboration with the University of Seychelles, the Agency for Drug Abuse and Rehabilitation (APDAR), which employs most of the peer recovery coaches in Seychelles, can work on a training program while simultaneously having a structure in place for supervision. Supervision has three core functions, accountability, education and support (Bradley & Horner, 2009), which is a model of ensuring competence through reflection and development. Supervision is seen as a significant component as it helps to protect individuals receiving care and protect the peer recovery coaches themselves from falling into relapse (Barker, 1992 as cited in Fish & Twinn, 1999, p. 23).

Monitoring and evaluation

Monitoring provides quality assurance of the programs as well as ensures feedback and improvement while implementing peer support. Impact evaluation is very essential as it indicates whether the peer support for substance misuse has improved the lives of members (if the group is meeting its objectives).

Conclusions

This literature review indicates that P-BRS is not only promising in assisting recovery in SUD but is also an effective method in reducing relapse occurrence in patients. The existing literature shows that P-BRS decreases the rate of re-hospitalization and provides additional social support, which positively affects the lives of peers and improves treatment outcomes in SUD. Additionally, associated benefits like empowerment, reducing stigma, as well as providing social support and social networks have been reported, and it shows that these benefits can positively enhance the lives of people with drug use problems. However, there exist some challenges in implementing P-BRS groups like the problem of peer coaches maintaining a distinct role and the risk of social curse in P-BRS groups. Despite these challenges, the substantial advantages P-BRS provides to people with SUD suggest that it is a good method that could be integrated into recovery care from drug misuse. In implementing the effective use of P-BRS in SUD in Seychelles, there is a need for proper planning and development of the program, training of peer recovery coaches to be used in SUD support and finally, there is the need for monitoring and evaluation of peer-support programs.

Disclosure statement

No potential conflict of interest was reported by the authors.

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