

Overview

Peer-based recovery support services are increasingly common in the United States. Most research to date has reported on peer-based recovery as part of a clinical or medical program addressing substance use disorder. This research describes peer recovery as delivered in conjunction with recovery community organizations¹.

Methods

Researchers analyzed de-identified administrative data from 20 recovery community organizations across the US. This data included the demographics of 3,459 participants, as well as information about substance use, mental health, recovery support service engagement, and recovery related outcomes. Researchers examined the association between measures of treatment engagement (engagement sessions completed, recovery goals completed, check-ins with peer recovery specialist) and improvements in recovery capital (measured using the BARC-10). The Brief Assessment of Recovery Capital (BARC-10) assesses internal and external resources that support long term recovery² (see Figure below).

Findings

- Engagement with the peer recovery support was frequent and substantial, with an average length of engagement of 130 days and average session length of 27.95 minutes.
- The change in participant recovery capital (measured from program intake to most recent measurement) was significant, with an average increase of 1.33 points on the BARC-10.
- After controlling for other variables, number of completed recovery plan goals, and number of recovery planning and follow-up engagement sessions completed were all statistically significant predictors of increases in recovery capital.
- It is unclear whether this increase in recovery capital is meaningful with regards to remission length.
- This data was collected from November 2019 through October 2020. During this time, some recovery community organization offerings were limited or modified due to COVID-19.

BARC-10 Example Questions²

There are more important things to me in life than using substances

My living space has helped to drive my recovery journey

I am making good progress on my recovery journey

Questions are answered on a 6-point Likert scale, from (1) strongly disagree to (6) strongly agree.

Implications and Resources for Peer Recovery in a Rural Setting

Previous research indicates that a peer-based warm handoff program integrated into rural emergency room settings was successful in engaging patients in peer services and warm handoff referrals.³ However, integration of peer support into community organizations may be especially important in rural communities where access to larger medical systems is limited. For more information on the efficacy of peer recovery and how it can be applied in rural communities, please see [UVM CORA's Community Rounds Webinar on "Peer Recovery as an Evidence-Based Resource: From Science to Impact"](#) and the paper "[Utilization of peer-based substance use disorder and recovery interventions in rural emergency departments: patient characteristics and exploratory analysis](#)". For support in implementing peer-based recovery please contact cora@uvm.edu.

References: 1. Ashford RD, Brown A, Canode B, Sledd A, Potter JS, Bergman BG. Peer-based recovery support services delivered at recovery community organizations: Predictors of improvements in individual recovery capital. *Addict Behav.* 2021;119:106945. doi:10.1016/j.addbeh.2021.106945
2. Vilsaint CL, Kelly JF, Bergman BG, Groshkova T, Best D, White W. Development and validation of a Brief Assessment of Recovery Capital (BARC-10) for alcohol and drug use disorder. *Drug Alcohol Depend.* 2017;177:71-76. doi:10.1016/j.drugalcdep.2017.03.022
3. Ashford, R. D., Meeks, M., Curtis, B., & Brown, A. M. Utilization of peer-based substance use disorder and recovery interventions in rural emergency departments: Patient characteristics and exploratory analysis. *Rural Ment Health.* 2019; 43:17-29. doi.org/10.1037/rmh0000106