

Perceptions of MOUD Among Peer Recovery Supporters: A Qualitative Study

Isabelle Fox, B.S.; Sydney Silverstein, PhD - Boonshoft School of Medicine, Wright State University



BACKGROUND

- Medications for Opioid Use Disorder (MOUD) have been the gold standard for treating opioid use disorder (OUD).¹
- Despite the evidence in favor of MOUD, there is still a lack of access to it due to reasons such as stigma, misconceptions, and cultural/societal barriers within the recovery field.^{2,3}
- Peer recovery supporters (peers) are individuals with lived experience with substance use disorder (SUD) and/or mental illness who have certification to work in the recovery field, providing care to people with SUDs and navigating relationships between providers and people with SUDs.⁴
- Peers are a growing addition to the recovery field and these individuals offer a constructive perspective to the discussion of MOUD.⁵

METHODS

Data Collection – 20 interviewees who met the following criteria:

>18 y/o from Ohio with lived experience with SUD and/or mental illness who work in recovery systems in Dayton, OH

Codebook creation and coding process

Interviews were recorded and transcribed verbatim into Taguette and data was sorted into 30 different codes

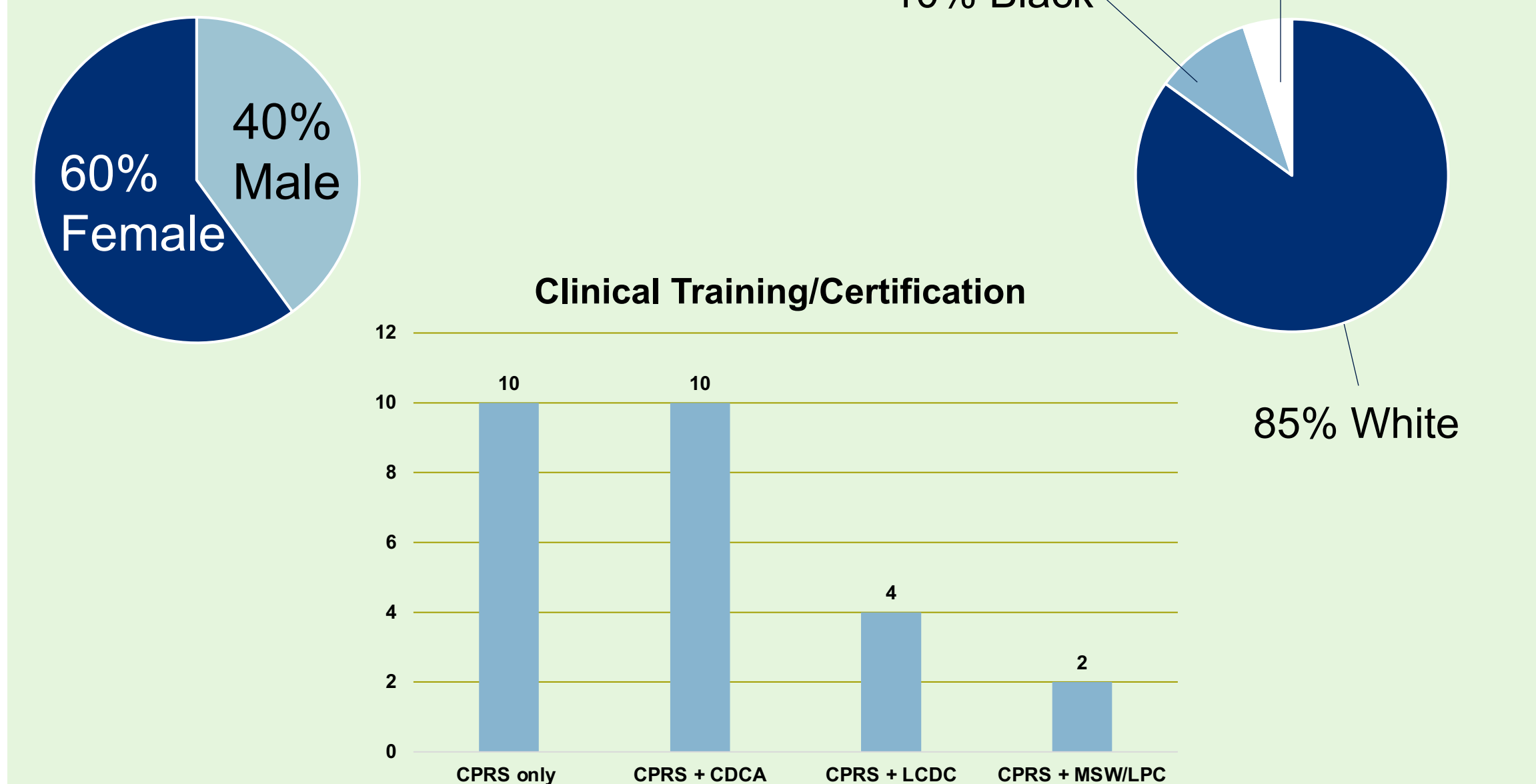
Iterative Categorization

Thematic analysis of data by subcategorizing and combining themes via pattern identification

*Research was approved by WSU IRB

RESULTS

Participant Demographics:



Key Findings:

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| Stigma against MOUD within the recovery field | <ul style="list-style-type: none"> ➤ 12-step programs' beliefs about MOUD has led some peers to feel uncomfortable discussing these treatment options publicly ➤ Peers expressed that many people in the recovery field can be closed-minded when it comes to treatment options |
| The value of MOUD as harm reduction | <ul style="list-style-type: none"> ➤ MOUD saves lives and prevents the risk of dying from an overdose – peers described it as "the lesser of 2 evils" ➤ Perspective that addiction is different for everyone, therefore treatment will be different for everyone |
| Hesitations with MOUD due to dissatisfaction within the healthcare system | <ul style="list-style-type: none"> ➤ Many peers argued that MOUD should be used as a bridge for recovery, not a long-term solution ➤ Several peers expressed mistrust in the medical and pharmaceutical fields, with some indicating they felt their autonomy was lacking when it came to decisions about MOUD |



"It [MOUD] is on the individual and you don't judge people. Everybody has to do it at their own pace and their own rate and what they believe in. It is keeping people from dying" (Peer 015).

"When I hear people seeking out medically-assisted treatment, whether it be methadone or Suboxone, I feel like they're not really wanting to become clean and sober. They're just looking for a legal way to do it" (Peer 011).

"People will sit [in AA/NA meeting] and make somebody feel not welcome [for being on MAT]. You didn't earn your seat here...It's really disheartening" (Peer 01).

CONCLUSIONS

- Peers were not confined to one theme but rather expressed multiple, complex views.
- Current guidelines for treating OUD indicate that long-term therapy is the best solution; however, many peers in this study have contradictory perspectives, insisting that pharmacologic therapy be evaluated case by case and often utilized only temporarily.²
- Stigma and institutional mistrust act as significant barriers to treating SUD.
- As the opioid epidemic continues to affect 100s of lives each day, it is important to utilize an interdisciplinary approach to discussing the complexities of treating OUD with medication.³

AUTHORS & DISCLOSURES

- Isabelle Fox, B.S.; Wright State University Boonshoft School of Medicine; Nothing to disclose
- Sydney Silverstein, PhD; Center for Interventions, Treatment, and Addictions Research; Department of Populations and Public Health; Department of Psychiatry; Wright State University Boonshoft School of Medicine; Nothing to disclose

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