

Substance Use Disorders in Rural Indiana: A Multifaceted Challenge and the Case for Peer Recovery Workforce

Introduction

The crisis of substance use disorders (SUD) in rural Indiana is not just a statistic, but a deeply rooted and urgent public health challenge. In 2022, the state witnessed a staggering 2,670 drug overdose fatalities, with opioids claiming a shocking 77.3% of these lives, and synthetic opioids alone responsible for a staggering 92.5% of opioid-related deaths.¹ Methamphetamine use also remains a significant concern, with increased incidents and arrests over recent years. However, this paper argues that enhancing the peer recovery workforce can bridge critical gaps in SUD treatment and recovery in rural Indiana, offering a beacon of hope and a relatable pathway to recovery. This approach has the potential to address significant economic and social impacts.

The Scope of the Problem

Data from the Indiana Department of Health (IDOH) indicates a severe opioid crisis, particularly with synthetic opioids. Methamphetamine-related incidents have also surged despite a decrease in clandestine laboratory seizures since 2013. Arrest statistics reveal an alarming increase in meth-related arrests from 3,757 in 2013 to 10,265 in 2022.²

The economic toll of substance abuse in Indiana is staggering, with costs exceeding \$4.4 billion for alcohol use, \$6.8 billion for tobacco use, and over \$650 million in healthcare costs due to opioid abuse. But the impact goes beyond dollars and cents, with profound social repercussions that affect family structures, increase crime rates, and strain community resources.³ The social repercussions are equally profound, affecting family structures, increasing crime rates, and straining community resources.

Rural areas face significant challenges in providing adequate prevention, treatment, and harm reduction services for substance use disorders (SUDs) and other health issues. These challenges stem from various systemic, logistical, and social barriers that hinder the delivery and effectiveness of healthcare services. One of the primary barriers is the complexity of the care system required to treat SUDs, which often involves a combination of individual and group counseling, inpatient and outpatient treatment, case management, and medication-assisted treatment. Navigating this intricate system can be particularly daunting in rural settings, where there is a notable shortage of healthcare providers, leading to delays in accessing necessary treatment. Interagency coordination is another critical issue.⁴ Effective treatment for SUDs typically requires a multi-faceted approach involving various services. However, linkage to these services and coordination between agencies can be challenging in rural areas due to the scarcity of facilities and providers who serve large geographic areas. Resource and personnel shortages are also acute in rural communities. There are fewer providers overall, and existing providers

often lack the resources, educational materials, and opportunities for continuing training. This shortage extends to law enforcement and prevention programs across broad geographic areas.⁵ Mental health services are particularly deficient in rural Indiana. The state has fewer mental health providers and treatment facilities, leading to longer wait times for individuals seeking treatment and recovery support services. Transportation barriers are another significant challenge. The lack of adequate public transportation systems in rural Indiana exacerbates the issue of insufficient treatment facilities by making it difficult for residents to access them. Housing instability is also a concern. Individuals who cannot meet basic needs such as stable housing may struggle to focus on treatment for an SUD. Additionally, many individuals face difficulties with initiating and maintaining behavior change, which affects their motivation to begin SUD treatment. Lastly, stigma and confidentiality concerns are prevalent in rural Indiana. The historical classification of substance use as a crime has led to the stigma surrounding substance misuse, which can prevent individuals from seeking help due to fears of judgment or breaches of confidentiality.

The Role of Peer Recovery Support Services (PRSS)

Peer Recovery Support Services involve individuals with lived experience of SUD providing support and guidance to others in recovery. These services encompass emotional support, practical assistance, and help navigating the healthcare system. Literature highlights the effectiveness of PRSS in improving treatment outcomes and enhancing access to care, particularly in underserved areas.

Peers share their experiences with substance use and recovery, fostering trust and understanding that encourages individuals to seek and remain engaged in treatment.⁶ Peers often serve as the initial contact in various settings, including jails, hospitals, and community centers, providing a non-intimidating entry point to the continuum of care.⁷ Peer recovery coaches act as advocates and liaisons, assisting individuals in navigating complex healthcare systems and connecting with necessary treatment and support services.⁸ Peers effectively conduct outreach in rural areas, connecting individuals to resources and services that they might otherwise be unaware of or unable to access.⁹ In times of crisis, peer recovery coaches provide immediate support and guidance, helping to prevent relapse and promote sustained recovery.¹⁰ By normalizing the conversation around SUD and recovery, peers play a crucial role in reducing the stigma associated with seeking treatment. This is particularly crucial in rural areas where stigma can be more pronounced, making the work of peers even more significant.¹¹ Peer recovery services are cost-effective and provided in settings without extensive infrastructure or resources, making them a pragmatic approach to SUD treatment.⁶ Support from peers is associated with improved treatment outcomes, including higher retention rates in treatment and sustained recovery.⁸

Barriers to Enhancing Peer Workforce

Despite the benefits, several barriers hinder the implementation of peer support services in rural areas. Educating communities about the value of peer support and reducing stigma is essential for integrating peers into the healthcare system. Standardized training and certification programs are needed to ensure that peers are well-trained and effectively provide support. Indiana is changing the peer certification process that will combine Mental Health, Substance Use Disorder, Co-Occurring, and Family wellness training for peers to ensure a comprehensive approach to recovery.¹² Certified Peer Support Professional services are reimbursed through Medicaid at \$8.55 per 15 minutes. This low reimbursement rate is unsustainable for rural hospitals already operating under significant financial strain. Sustained funding is crucial for developing and maintaining a robust peer workforce. Securing grants and state funding can support training programs, peer salaries, and other essential resources. Integrating peers into existing healthcare teams requires collaboration and buy-in from healthcare providers. Building strong partnerships and demonstrating the value of peer support can facilitate this integration.

Evidence of Effectiveness

Research consistently demonstrates the positive impact of PRSS on treatment outcomes. A systematic review concluded that peer support interventions are associated with reduced substance use, improved health outcomes, and increased engagement in treatment.⁷ Another study highlighted that peers provide unique social support that professional providers cannot offer, leading to better recovery outcomes.⁹

In rural settings, where professional services are often scarce, the role of peers becomes even more critical. One study found that peer support in rural areas not only improved treatment retention but also helped reduce the stigma associated with seeking help for SUD/OD.⁵

Over the years, Indiana Rural Health Association (IRHA) has had impactful initiatives like the Indiana Rural Opioid Consortium (InROC); under funding from the Health Resources and Services Administration, IRHA has been dedicated to increasing education and awareness about Substance Use Disorder (SUD) and Opioid Use Disorder (OUD) in rural Indiana. The work done through InROC has included screenings, workshops, anti-stigma campaigns, and continuing education opportunities for healthcare providers, touching the lives of more than 30,000 individuals through extensive partnerships and multi-sector collaborations.

The most recent initiative, the InROC-MAT program, is focused on enhancing Medication for Opioid Use Disorder (MOUD) access in five rural communities across Indiana. A standout feature of this program is the establishment of the Rural Peer Workforce ECHO, developed in collaboration with Indiana University's Project ECHO. Leveraging the ECHO model, this program aims to provide a robust platform for peer support workers throughout rural Indiana to share their experiences, receive guidance from subject matter experts, and foster new

collaborations. The Rural Peer Workforce ECHO is set to launch later this year, marking another significant step forward in IRHA's ongoing commitment to addressing the opioid crisis in rural communities.

Conclusion

Enhancing the peer recovery workforce in rural Indiana holds significant potential for mitigating the trends in SUD. By providing emotional and social support, bridging gaps in services, and improving engagement and retention, peers play a crucial role in improving outcomes for individuals with SUD. Addressing barriers such as stigma, training, funding, and integration with healthcare providers is essential for leveraging the full potential of peer support. With targeted efforts to strengthen the peer workforce, rural Indiana can make significant strides in addressing the SUD crisis and improving the health and well-being of its communities. IRHA is committed to this cause. With its continuous efforts, IRHA remains at the forefront of combating SUD/ODU, ensuring that rural Indiana is equipped with the knowledge, resources, and support necessary to overcome this public health challenge. The journey so far has demonstrated the power of community-driven solutions and the importance of sustained, collaborative efforts in making a tangible difference in public health outcomes.

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