

Peers Speak Out:

Priority Outcomes for Substance Use Treatment and Services

In this first national examination of treatment and recovery services outcomes prioritized by people with substance use disorders, nearly 900 people from across the country shared what matters most to them.

The full report is available at www.CommunityCatalyst.org

THEIR PRIORITY OUTCOMES ARE:

- 1. Staying alive**
- 2. Improving quality of life**
- 3. Reducing harmful substance use**
- 4. Improving mental health**
- 5. Meeting their basic needs**
- 6. Increasing self-confidence/self-efficacy**
- 7. Increasing connection to services and supports**

Priority outcomes also differ across race and gender demographics.

During COVID-19, the majority of respondents want the same top results as they did prior to the pandemic. For the 20 percent of people who prioritized different outcomes during COVID-19, quality of life became less important while connection to recovery support services, and taking care of basic needs, became more important.

WHY THIS PROJECT MATTERS:

More than 20 million Americans have substance use disorders, overdose deaths are rising during COVID-19, and addiction continues to be criminalized, especially among Black and brown communities. To more effectively and equitably address the national epidemic of substance use disorders, services and policies need to focus on

patient priorities, and society needs to address structural racism.

Yet, people with lived experiences of substance use disorders, are often left out of important policy decisions that affect their lives, including how treatment and recovery programs are designed and what outcomes those programs seek to achieve. This means that research on what works best often isn't focused on what matters most to people with addiction, resulting in services that aren't always responsive to individuals' needs and don't achieve the best results.

WHAT THIS PROJECT ADDS:

The findings lay out, for the first time, what patients want; they provide direction for reshaping research, services and policies. The findings also indicate the importance of providers understanding each individual's treatment and recovery goals, and providing culturally and linguistically effective services tailored to the person's desired outcomes and intersecting identities.

Community Catalyst led this research, in partnership with Faces & Voices of Recovery, the American Society of Addiction Medicine (ASAM) and a National Peer Council established to guide the "Patients Lead" project.

The 10-member council is diverse by race/ethnicity, age, gender, primary substance used, length of time in recovery, recovery pathway, and history of criminal legal system involvement. Sources for patients' priority outcomes included 1) the council members' own experiences; 2) an anonymous national online survey of 839 people with lived experiences of substance use; and virtual focus groups with 53 people in recovery from across the country.

RECOMMENDATIONS:

We recommend policymakers, service providers, and patient-centered outcomes researchers focus on the outcomes that Patients Lead project participants prioritized and take action to improve addiction treatment. Our specific recommendations include:

- **For policymakers:**

- Increase funding for the full continuum of services, from prevention and early intervention, including harm reduction and crisis services, to inpatient and outpatient treatment, to residential services and long-term peer recovery supports, including those provided by recovery community organizations.
- Target funding for harm reduction programs that focus on keeping individuals alive and reducing self-harm,

for example overdose prevention and syringe services; also, fund provider education on harm reduction.

- **For services providers:**

- Clarify each individual's desired treatment and recovery goals and adjust services to meet those goals.
- Integrate mental health supports into substance use disorders services even for individuals without a documented mental illness diagnosis.

- **For researchers:**

- Investigate which treatment and recovery support services, including peer services, best achieve the outcomes patients want.
- Stratify all comparative effective research and patient-centered outcomes research related to substance use disorders by race/ethnicity and gender, and report findings by these demographics to inform clinical and non-clinical recommendations and policy solutions that address systemic inequities.

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