

PEER-BASED OVERDOSE PREVENTION AND RESPONSE FOR

Justice-involved Persons Across the Sequential Intercept Model



NATIONAL
COUNCIL
for Mental
Wellbeing

PROJECT TEAM

Elizabeth Burden, MS

Senior Advisor

National Council for Mental Wellbeing

Rachel Palicte

Project Coordinator

National Council for Mental Wellbeing

Cortney Lovell

Director

National Council for Mental Wellbeing

Theresa Davison

Intern

National Council for Mental Wellbeing

Yoon Hyung Choi, PhD

Project Manager

National Council for Mental Wellbeing

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SUMMARY

This guide for program administrators in justice settings discusses the impact of the drug overdose epidemic in the United States on justice-involved individuals. It emphasizes the crucial role of the justice system to identify and address overdose risk, as well as facilitate recovery. The text advocates for integrating overdose prevention and response programs in justice settings, highlighting five core elements: assessing and addressing overdose risk, community-focused education and naloxone distribution, connecting individuals to harm reduction services, screening for substance use disorders and linking individuals to treatment and recovery support services. It also explores the alignment between harm reduction and the mission of justice agencies.

The guide further discusses the value of peer support in reducing overdose risk, outlines the dimensions and categories of peer support and highlights the benefits of peer recovery support services. It provides guidance on integrating peer support programs, including considerations for program design, infrastructure and partnerships. The text concludes by discussing the role of organizational leadership to champion peer support and address organizational and systemic barriers, such as stigma and criminalization of drug use, that hinder access to help and exacerbate the overdose crisis.

INTRODUCTION

Since 1999, more than 932,000 drug overdose deaths have occurred in the United States, with 105,452 deaths occurring in 2022 alone (CDC, 2021; CDC, 2023). This widespread public health crisis has had a devastating impact on individuals, families and communities across the country.

Justice-involved individuals are disproportionately affected by the overdose epidemic. After release from incarceration, individuals are significantly more likely to die of drug overdose (Joudrey et al., 2019; Ranapurwala, 2018; Merrall, 2010). Overdose risk is not only prevalent among individuals released from incarceration, but also among populations that interact with other parts of the justice system (Boulger et al., 2021; Krawczyk et al., 2020).

The justice system has a vital role in identifying individuals at risk for overdose, preventing overdose and facilitating recovery. It is essential to facilitate access to overdose prevention and response across all justice settings, regardless of the sequential intercept.¹ Such programs can help achieve their core missions and, by addressing overdose risk, also help foster successful reintegration and reduce recidivism, ultimately promoting public safety (Banister & Strom, 2021; Carter et al., 2007; National Council for Mental Wellbeing, 2022). Overdose risk reduction supports other success-driven approaches to working with justice-involved individuals so they can remain stable, healthy and law-abiding in the community. Interventions with justice-involved individuals require a collaborative approach involving justice agencies, health care providers and community-based organizations.

Overdose prevention and response also aligns with the Risk-Needs-Responsivity model. Often, substance use influences other criminogenic needs, such as challenges in family and social relationships or unemployment. Overdose prevention and response programs that reduce risk and encourage recovery can address these criminogenic needs and ultimately lead to reduced recidivism.

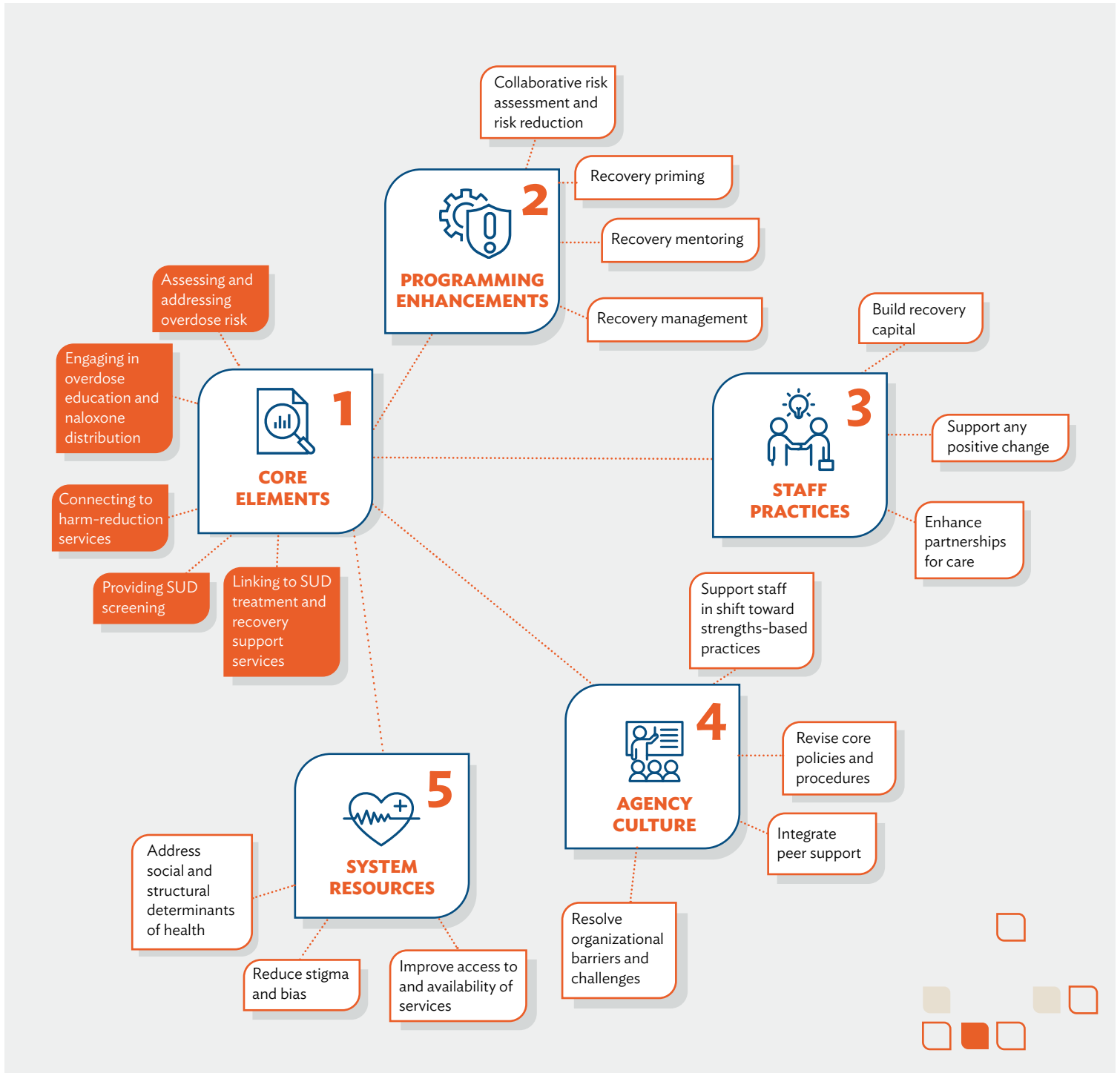
Integrating peer support in overdose prevention and response efforts can help justice-involved individuals reduce their risk. This guide highlights the importance of and core elements within overdose prevention and response in justice settings, how peer support strengthens overdose prevention and response and how justice program administrators can integrate peer recovery support services (PRSS) into their agencies.

1. *The Sequential Intercept Model (SIM) describes how individuals with mental health and substance use challenges come into contact with and move through the criminal justice system. A complete description of the SIM is available at <https://www.samhsa.gov/criminal-juvenile-justice/sim-overview>.*

OVERDOSE PREVENTION AND RESPONSE IN JUSTICE SETTINGS: AN OVERVIEW

There are five areas of focus when implementing overdose prevention and response programs in justice settings, as summarized in Figure 1.

FIGURE 1. FRAMEWORK FOR OVERDOSE PREVENTION AND RESPONSE IN JUSTICE SETTINGS



As summarized in [Figure 2](#), the core elements of a program are:

1. Assess and address overdose risk.
2. Engage in community-focused overdose education and naloxone distribution.
3. Connect individuals to harm reduction services, such as syringe services programs.
4. Provide screening for substance use disorders (SUD).
5. Link individuals to SUD treatment and recovery support services.

The core elements are influenced and supported by:

- Program enhancements that integrate risk reduction, recovery priming, recovery mentoring and recovery management into workflows.
- Staff practices that emphasize strengths-based and recovery-oriented approaches.
- Agency culture that creates a positive and supportive climate for risk reduction and recovery-oriented approaches.
- System resources that improve access to harm reduction and other health, social and recovery-support services.



Harm Reduction and Justice Settings

Harm reduction is a strategy aimed at reducing negative consequences associated with drug use. It is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs (PWUD). Harm reduction recognizes that PWUD may be uninterested in, unwilling to or unable to cease drug use. Nevertheless, they deserve access to services for health and wellbeing that can help reduce the harms associated with drug use, including legal harms. The goal of harm reduction is to keep individuals alive and protect their health while supporting any positive change, as the person defines it.

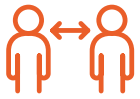
Although it might be seen as antithetical to the work in justice settings, in some ways, harm reduction is related to procedural justice, which emphasizes fair processes and how perceptions of fairness are affected by the nature, tone and quality of the process, not just the outcome (Lininger, 2022). When applied in justice settings, the principles of procedural justice may lead to improved outcomes for individuals (Fair and Just Prosecution, 2017; Urban Institute, 2021). Core components of overdose prevention, such as referral to evidence-based treatment, genuine commitment to strengths-based motivation for change and graduated responses for return to use, can further perceptions of procedural justice for justice-involved individuals. When individuals perceive that they are being treated fairly and with respect, they are more likely to consider the justice agency staff as being trustworthy.

Harm reduction approaches can improve the outcomes that justice agencies are trying to achieve by connecting individuals to programs that can help them live successfully in the community, including overdose prevention and recovery support. Harm reduction aligns with motivational interviewing techniques that promote engagement and reduce noncompliance, ultimately reducing involvement in criminal activity. Moving justice systems toward accepting harm reduction approaches may seem challenging, but it is an important strategy to prevent overdose and reduce systemic harms related to drug use.

FIGURE 2. OVERDOSE PREVENTION AND RESPONSE INFLUENCES AND SUPPORT

CORE ELEMENTS	PROGRAM ENHANCEMENT AND STAFF PRACTICES	AGENCY CULTURE	SYSTEM RESOURCES
<p>Assess and address overdose risk</p>	<p>Facilitate collaborative risk assessment</p> <ul style="list-style-type: none"> ■ Engage in change talk ■ Plan to reduce overdose risk ■ Carry and distribute naloxone 	<p>Support staff in shift toward strengths-based practices</p> <ul style="list-style-type: none"> ■ Integrate routine overdose risk assessments ■ Train staff on: <ul style="list-style-type: none"> • Strengths-based, recovery-oriented risk reduction approaches • Responding to overdose and administering naloxone 	<p>Reduce stigma and bias</p> <ul style="list-style-type: none"> ■ Increase awareness of systemic bias ■ Revise policies to decrease bias in practice ■ Increase understanding of SUD treatment and medications for opioid use disorder (OUD)
<p>Engage in community-focused overdose education and naloxone distribution</p>	<p>Support any positive change</p> <ul style="list-style-type: none"> ■ Provide access to appropriate screening 	<p>Revise core policies and procedures</p> <ul style="list-style-type: none"> ■ Establish policies for naloxone distribution 	<p>Improve access to and availability of community services</p> <ul style="list-style-type: none"> ■ Support evidence-based practices ■ Advocate for a comprehensive service system
<p>Connect individuals to harm reduction services</p>	<p>Build recovery capital</p> <ul style="list-style-type: none"> ■ Identify existing recovery capital ■ Promote recovery and desistance ■ Plan for connections to pro-social networks 	<p>Integrate peer support</p>	
<p>Provide SUD screening</p>	<p>Enhance partnerships for care</p> <ul style="list-style-type: none"> ■ Identify and regularly update list of available services ■ Support participation in SUD treatment 	<p>Resolve organizational barriers and challenges</p> <ul style="list-style-type: none"> ■ Build infrastructure for overdose risk reduction ■ Reduce barriers to naloxone access ■ Build and maintain collaborative relationships to increase access to services 	
<p>Link individuals to SUD treatment and recovery support services</p>			<p>Address social and structural determinants of health</p> <ul style="list-style-type: none"> ■ Connect individuals to services and supports ■ Advocate to strengthen health and social services systems ■ Identify and update list of available services in the community

Harm reduction reduces rates of overdose and overdose death and promotes treatment-seeking behavior and linkages to health care among PWUD. Harm reduction can also improve community health and safety by reducing transmission rates of infectious diseases such as HIV and hepatitis C, reducing needlestick injuries and lowering crime rates. For example, take-home naloxone initiatives and other naloxone distribution programs provide direct access to naloxone for anyone at risk of experiencing or witnessing an overdose. Research has shown that providing naloxone kits to PWUD, their friends and family members increases the number of overdose reversals and reduces overdose deaths (National Council for Mental Wellbeing, 2022; CDC, 2019; Wheeler et al., 2015). Syringe services programs (SSPs) provide PWUD with sterile syringes and supplies for safe injection and collect used equipment for disposal.



Peer Support for Overdose Prevention and Response Programs in Justice Settings

Providing peer support can be an effective way to enhance overdose prevention and response programs within justice settings. Peer workers offer not only practical knowledge about harm reduction techniques, they provide emotional support and understanding. This approach increases the credibility and relatability of efforts, breaking down barriers to communication, trust and engagement.

Defining Peer Practice

Peer practice is grounded in people's living and lived experiences. In harm reduction, peer practice is grounded in the living and lived experience of PWUD; in recovery support, it is centered in the lived experience of persons in recovery from SUDs. In both contexts, peer practice focuses on several core tenets:

- **Respect autonomy** and meet individuals “where they are.” Each individual has existing strengths and resources – and is given the space to develop new ones – to make their own choices and exercise judgment in their actions.
- **Assist, not direct.** Recovery is a self-directed process, in which each person is an expert in their own recovery journey. Support people on their journey toward positive change, as they define it, based on what individuals identify as their needs, not what programs think they need.
- **Build trusting, supportive, nonjudgmental relationships** as unconditional practical assistance is provided.
- **Use lived/living experience perspectives** to ground all aspects of the work.
- **Infuse core philosophies and values of peer work** into mission, vision, culture, infrastructure, policies and practices, governance, leadership and staffing.
- **Embed the belief that health, wellness and recovery are possible for everyone** in policy and practice.
- **Provide many pathways to wellbeing** across the continuum of health and social care.
- **Share decision-making**, based on the recovery principles of reciprocity and mutuality.
- **Use participatory processes routinely** and engage in creative problem-solving.
- **Understand that recovery happens in community.** Recovery communities are meeting places and arenas for reciprocal helping and shared problem-solving. Peer-to-peer knowledge creation supports members in developing and expanding recovery capital, putting new recovery skills into practice and exploring and testing a new recovery identity.
- **Support individuals to develop new networks that help build their recovery capital.** Positive, wellbeing-supportive social relationships play an essential role in recovery. Programming and services should foster spaces where quality relationships – person-to-person, person-to-social network, person-to-community – can thrive.

In overdose prevention and response, these tenets are put into practice through harm reduction and recovery support strategies. [Figure 3](#) provides examples of common activities, some of which could take place in justice settings.

FIGURE 3. EXAMPLES OF PEER SUPPORT ACTIVITIES - HARM REDUCTION AND RECOVERY

CATEGORIES OF PEER SUPPORT					
		Emotional	Instrumental	Informational	Affiliational
Harm reduction strategies	Safer practices	One-on-one support and validation; wellness support groups	Provide harm reduction supplies; Connect to HIV, HCV, STI prevention, screening and care	Safer drug use/risk reduction practices; safer sex practices; how to use supplies (e.g., naloxone, fentanyl test strips)	Foster connections; drug user union meetings, events, actions
	Safer settings	Address emergencies and harmful situations	Identifying relax zones, safe consumption sites	Raise awareness of general topics, such as social and health rights and negotiation skills	Connect to leisure activities of interest
	Safer supply		Community drug checking	Organize and participate in advocacy, collective actions and public awareness raising events	
	Safer transitions		Warm handoff to health and social services	Information on PWUD friendly services	
Recovery support strategies	Recovery priming	One-on-one peer mentoring or coaching; peer-led support groups; telephone recovery support	Provide housing or child-care vouchers; provide public transportation passes	Identifying community health and social services	
	Recovery mentoring	One-on-one recovery capital assessments and recovery check-ins	Recovery planning; provide connections to recovery resources	Facilitate wellness seminars or classes; provide information to help with self-advocacy	Arrange outings or activities, such as sober sports, alcohol and drug-free dances, movie nights

Peer work in overdose prevention and response happens in four core harm reduction focus areas:

- 1. Safer practices** – help individuals identify and adopt strategies, practices and tools that have been proven to decrease substance use-related risks. A wide range of safer practices exist that are supported by evidence and can be implemented in a variety of settings.
- 2. Safer settings** – create physical locations that facilitate safer practices related to drug use, as well as social environments that support overall health and wellness.
- 3. Safer supply** – share information about changes in adulterants in community drug supply and connect people who are at high risk of overdose to safer alternatives to the toxic illicit drug supply.
- 4. Safer transitions to care** – support overall health and wellness; reduce harm during high-risk periods, such as following release from incarceration; and ensure continuity of services across a continuum of care. Peer workers work with both the justice-involved individual and justice staff to access resources and services including treatment, housing, employment and benefits. They link individuals to harm reduction services offered outside the justice setting.

Peer work also focuses on *recovery support* through recovery priming, recovery mentoring and guiding recovery management. *Recovery* is a process of change where individuals improve their health and wellness, live a self-directed life and strive to reach their full potential. It is a journey that involves the growth of recovery capital, which are resources that can be drawn upon to initiate and sustain a life in recovery.

Peer recovery support services (PRSS) refer to a wide range of non-clinical supports provided by peers – people with lived experience of addiction and recovery. Trained *peer recovery support specialists* help individuals build recovery capital by identifying their existing resources, finding new supports and accessing additional resources. Through these services, individuals are encouraged to explore personal motivations and create purpose in life outside of substance use. Through PRSS, peer workers help individuals identify strengths, interests and goals to create a plan for action.

Peer work improves participant outcomes. Justice-involved individuals receiving peer support experience (SAMHSA, 2017a; SAMHSA, 2017b):

- Decreased recidivism.
- Reduced return to use rates.
- Reduced substance use.
- Increased engagement in treatment for substance use disorder.
- Improved access to social supports.
- Greater housing stability.

Peer Worker Competencies

Peer workers often complete standard training and certification that imparts a core body of knowledge that relates to any setting. The Substance Abuse and Mental Health Services Administration (SAMHSA) identified that peer workers must have knowledge and skills in: 1) engaging peers in collaborative and caring relationships; 2) providing support; 3) sharing lived experiences of recovery, 4) personalizing peer support; 5) supporting recovery planning; 6) linking to resources, services and supports; 7) providing information about skills related to health, wellness and recovery; 8) helping peers to manage crises; 9) valuing communication; 10) supporting collaboration and teamwork; 11) promoting leadership and advocacy; and 12) promoting growth and development. Peer certification bodies have competencies like those in the SAMHSA framework, although they organize them in different ways. For example, the International Certification and Reciprocity Consortium (IC&RC) certification study guide and exam covers competencies organized into four domains: 1) advocacy, 2) mentoring and education, 3) recovery and wellness support and 4) ethical responsibility.

Within justice settings, there are additional knowledge, skills and qualities needed to be effective in these unique settings. Ideally, peer workers have firsthand experience of justice-involvement combined with lived experience of a PWUD or a person in recovery. Additionally, they will have specialized training that enhances their knowledge of justice systems and processes, builds skills in integrating recovery principles within justice settings and helps them advocate for recovery within justice systems.

As with any profession, additional on-the-job and continuing education is needed for peer workers to fulfill their specific roles and tasks within a particular justice setting. Peer workers who come into a justice setting from outside organizations will need additional training working with justice-involved individuals, including the policies and protocols for the specific setting in which they will work.

DEVELOPING PEER-LED OVERDOSE PREVENTION AND RESPONSE PROGRAMMING

Justice agencies are increasingly developing peer-led overdose prevention and response programming. Figure 4 provides examples of programs in different justice settings. These programs are designed to reach individuals at elevated risk of overdose, help them reduce their risk, train them in skills to respond to overdose in their networks and provide resources.

FIGURE 4. EXAMPLES OF PEER-LED OVERDOSE PREVENTION AND RESPONSE PROGRAMMING IN JUSTICE SETTINGS

PEER SPECIALISTS IN OR WORKING WITH...					
	Community Services	Law Enforcement Diversion Programs ²	Courts and Specialty Courts ³	Jails and Prisons ⁴	Re-entry and Community Corrections
Assess and address overdose risk	Assist individuals in self-assessment of overdose risk as part of intervention teams	Distribute survival kits/ harm reduction supply kits			Assist individuals in self-assessment of overdose risk
Engage in/ provide overdose education and naloxone distribution	Conduct community OEND sessions	Provide brief education program for individuals in diversion programs	Collaborate to provide access to educational material about safer use, distribute naloxone kits and connect to harm reduction services	Provide brief education program for individuals near release	
Connect to harm reduction services		Work with individuals referred by pre-arrest diversion		Offer information and resources to connect individuals to resources post release	
Link to SUD treatment and recovery support services	Work with individuals and families post-overdose				

← Building recovery capital →

← Supporting positive change →

2. [Deflection and Pre-arrest Diversion: Integrating Peer Support Services](#) contains additional resources specific to law enforcement settings.
 3. [Bridging the Gap: A Practitioners Guide to Harm Reduction in Drug Courts](#) reimagines drug court practices through a harm reduction lens.
 4. [Peer Recovery Support Services in Correctional Settings](#) take a deeper look at the use of peer support in short-term, medium-term, long-term and community corrections settings to improve recovery and reentry outcomes.



Designing Programs

There are several considerations – facilitators and barriers – for the design of effective peer-led programming.

Define the scope of the program and select the initial site or group to be served. Set clear program goals and objectives, including who it will serve and how. This will help identify the criteria to measure program success. Outline key peer support activities and decide the length of time to conduct a pilot for the program that allows sufficient time to observe processes and outcomes. Also, plan an appropriate menu of services that help individuals reduce their risk for overdose, enhance their wellness and, if desired, build and sustain a life in recovery. The menu should include one-on-one supports (such as risk-reduction planning, recovery planning and coaching), group supports and connection to community-based harm reduction and recovery services and supports. This process builds a foundation for effective peer programs.

Ensure accessibility. Program location and hours need to be easily accessible for participants, so support is available when and where needed. There are several strategies to facilitate access: 1) provide transportation to program locations, especially if transit is not easily accessible; 2) have peer workers at the justice agency during its hours of operation; 3) provide access to peers in community-based sites; 4) offer mobile support and outreach to provide the services at sites where participants are located; and 5) offer technology-assisted peer supports that are phone, text or web-based. The location and setting peer support will be offered also matters. The peer support's nature, tone and approach need to match the setting, space and tools. Additional considerations may arise due to the geography of the area being served and whether it is urban, suburban or rural.

Consider the employment status of the peer workers. Within justice settings, peer supporters can be employees of external partner organizations, employees of a justice agency or individuals who are currently justice-involved. The benefits of having peer workers who are employees of external partner organizations can include existing expertise in providing peer support, existing relationships with the community and access to resources that assist individuals. Challenges include finding appropriate partners and building trust, ensuring that your partner's vision for the program aligns with yours and clearly defining processes and protocols. Benefits of having peer workers as employees of the justice agency include decreased program costs, capability to resolve issues in a timely manner, enhanced opportunities for career advancement and collaboration with other internal staff members. However, it can be challenging to consistently fund staff and find the right staff members.

Think about partnerships. If your agency plans to partner with an outside organization to provide peer support, the type of partner makes a difference in program design. Potential partner organizations can include recovery community organizations, substance use treatment providers, harm reduction organizations, peer-run mental health organizations, social service agencies and day report centers. Good partnerships are cultivated. Program administrators may start with “low stakes” collaborative efforts with potential partners to develop some experience with them before agreeing to more impactful, formal ties with them over time. Such initial collaborations are opportunities to assess the collaborative and relational fit with potential partners and build trust.

Determine the comprehensiveness, duration and setting of the peer-led programs. This is based on the number of peer workers, anticipated duration of effective peer engagement and location where peer supports will be offered. The number of peer workers you anticipate having on staff will impact the number of participants, intensity and duration of support. Having fewer peer specialists means they may either work with:

- Fewer individuals, intensively, for a long duration.
- More individuals, intensively, for a short period of time.
- Or more individuals, less intensively, for a longer period of time.



Preparing Settings

Peer-led programs can be very different from other programs or services in justice settings and may require a significant shift in perspectives and operations. Administrators can help increase staff and organizational readiness for the launch by aligning organizational climate with peer support, designing an effective peer program, providing training for peer workers and other staff and improving the program continuously.

Aligning Vision, Values and Climate

For PRSS to be successfully integrated into an agency, peer programs must have a clear vision, align with core organizational values and operate in a supportive organizational climate.

Establish a clear vision of how peer support will benefit clients. As a first step, each agency should understand the inherent value of PRSS and translate it into a vision for how PRSS will benefit clients and the organization.

Clarify the role peer specialists will play within the agency. Gain commitment for change and identify the program's specific roles and expectations for staff members and peers.

Align organizational philosophies and values with those of peer support. Organizational culture and climate can profoundly affect the nature and quality of peer support. Therefore, it is important to create a supportive organizational climate. Moving toward a person-centered, recovery-oriented approach may require a climate shift within agencies that have historically taken a punitive approach to changing behavior.

Establish the necessary infrastructure to facilitate and enable effective integration of peers. Key components of such an infrastructure include:

- Engaging individuals with lived experience.
- Using effective recruitment, hiring and onboarding practices.
- Creating daily and weekly schedules that provide a balance of time engaging in peer support, completing appropriate documentation and doing other routine tasks.
- Collecting, analyzing and reporting data.
- Providing effective supervision.

Create new policies and procedures - and review and adapt existing ones - to guide the work of all staff. Policies and procedures shape the structure and functioning of a peer support program. While peer support approaches need to be tailored to the characteristics of a specific agency and its culture, it is also necessary to create or revise workflows to integrate peer workers into the current system. Procedures should describe key tasks and associated tools, offer approaches to addressing common situations a peer supporter may encounter and provide guidelines on when to ask for help from a supervisor or relevant team members. Finally, agencies should also develop processes to monitor and capture information about how well the program is working.

Train non-peer staff. Non-peer staff may lack familiarity with the peer support model. Therefore, training is essential to help them understand the principles of peer support, peer roles, how they complement the work of other staff and how peer support contributes to the overarching goals of justice programs. Training other staff equips them to collaborate effectively with peers. Topics might include how peer support can contribute to the organization's goals, how to use person-first language and how to identify and address discriminatory behaviors. This can further reduce the related stigma and facilitate a recovery-oriented environment.

FIGURE 5. CORE KNOWLEDGE AND SKILLS FOR STRENGTHS-BASED SUPERVISION

Knowledge	Skills/Proficiencies	Attitudes/Approaches
<ul style="list-style-type: none"> ■ Value and nature of peer support ■ Culture of recovery <ul style="list-style-type: none"> • Recovery principles • Language • Multiple pathways ■ Best practices and evidence-base of peer services ■ Peer ethical guidelines (and how differ from clinical ones) ■ Core competencies of peer practice <ul style="list-style-type: none"> • Recovery coaching process • How personal stories/lived experience ties into professional work ■ Peer role and how it fits into the organizational context ■ Science of addiction ■ The components and value of a recovery oriented systems of care ■ Recovery movement ■ Trauma-informed practices and approaches ■ Medicaid reimbursement for peer support 	<ul style="list-style-type: none"> ■ Motivational interviewing ■ Cultural competence ■ Active listening ■ Articulate communication ■ Provide concrete feedback ■ Recognizing and responding to effects of trauma ■ Share decision making and problem solving ■ Facilitation <ul style="list-style-type: none"> • Collaborative processes • Learning/learning-community ■ Goal setting and prioritization ■ Task identification, prioritization and delegation ■ Models self-care ■ Advocacy ■ Detailed record keeping and documentation practices ■ Advocacy ■ Preferred ■ Lived experience of addiction and recovery experience as peer 	<ul style="list-style-type: none"> ■ Models the core philosophies and principles of recovery ■ Is authentic in interpersonal relations-self-aware and reflective ■ Respects peer’s life experience and role ■ Recognizes mutuality in relationship embodies recovery principles ■ Focuses on strengths and assets ■ Is person centered ■ Shares power ■ Encourages self-direction ■ Is flexible ■ Uses person-first, wellness-focused language ■ Has predictable and consistent actions and responses ■ Creates a safe and supportive context ■ Commitment to building and fostering a culture of recovery

Supervising Peer Support

For peer practice to be most impactful, supervision of peer support needs to be patterned on the best practices of peer support with harm reduction and recovery values, principles and core concepts embedded in the supervision practice. For example, if processes with PRSS programs are about sharing power, participation, self-direction and finding strengths and solutions, so should be the processes of supervision of peer worker. Strengths-based supervision of peer work:

- Enhances the unique knowledge and skills necessary for peer practice.
- Provides a safe space to address ethical dilemmas and boundary issues.
- Engages peer practitioners in strengthening the PRSS program.
- Fosters an organizational culture that is conducive to recovery.
- Clarifies organizational systems, structures and processes.
- Supports self-care.
- Facilitates quality service provision.
- Ensures alignment of peer work with policies and procedures.

Often, supervisors need additional training and support as they begin to supervise peer workers. [Figure 4](#) summarizes core knowledge and skills.

Continuous Program Improvement

When preparation is complete, it is time to launch and refine the PRSS program. It is important to build a process for partners and stakeholders to meet and review progress, or lack thereof. This may need to be more frequent at the beginning of a program but should continue as an ongoing process, as changes and adaptations often need to be made to adjust to changing community conditions. After launch, staff should monitor program performance and regularly address any challenges, needs and lessons learned.

ADDRESSING ORGANIZATIONAL AND SYSTEMIC BARRIERS

Overdose prevention and response programs, especially PRSS, cannot be successfully integrated into agencies without first addressing organizational and systemic barriers that prevent establishing a recovery-oriented culture. Stigma around drug use and the risk of justice-involved penalties, such as technical violations or revocation, discourage PWUD from seeking help. Criminalization and punishment of drug use have not proven successful in alleviating the overdose crisis and exacerbate the harms of drug use. Punishment for drug use also promotes risky practices that increase rates of infectious disease and overdose death.

Justice program administrators play a critical role in transforming their own organizations internally, and systems as a whole, to be more supportive of overdose prevention and response. The main focus areas for organizational and systems culture changes needed to support effective overdose prevention and response programs are summarized in Figure 5. Each focus area has key questions that must be addressed to guide change in the area.

FIGURE 6. OVERDOSE PREVENTION AND RESPONSE: KEY QUESTIONS

Organizational Culture Change



Supporting staff in shift toward recovery-oriented approaches

- How do we prepare the workforce for a shift in their role?
- What infrastructure is needed to support the shift?
- What service providers are needed to support our work?



Revising core policies and procedures

- How well do our current policies align with recovery-oriented approaches?
- What are the most important policy changes needed to bring about alignment?



Resolving organizational barriers and challenges

- What are the most significant barriers to overdose prevention and response? To shifting our practices toward being more recovery-oriented?



Integrating peer support

- How might incorporating peer recovery support services help in overdose prevention and response?
- How might it help in the shift toward being more recovery-oriented?

Systems Change



Eliminating stigma & bias

- How do stigma and bias affect our practices? Our policies and procedures?



Improving access/availability of services

- What are the evidence-based treatment programs available in our community?



Addressing social and structural determinants of health

- How strong are the service systems in our community?
- How does this impact our ability to do fulfill or role?
- What can we do to help to strengthen those other helping systems?

The purpose of redefining organizational culture is to promote recovery-orientation and instill a climate where harm reduction and recovery-oriented approaches can effectively prevent overdose. Organizational culture change occurs in four focus areas: 1) supporting staff, 2) revising core policies, 3) resolving organizational barriers and 4) integrating peer support.

Justice program administrators can be influential in driving larger-scale systemic change to address barriers and challenges. They can work to address these systemic issues, including: 1) increasing awareness of systemic bias, 2) suggesting changes to policies and practices to improve access to services and 3) advocating to support other systems that directly address social and structural determinants of health.

CONCLUSION

Addressing the drug overdose epidemic and its devastating impact on justice-involved individuals requires a comprehensive and collaborative approach. The staggering number of drug overdose deaths in the United States highlights the urgent need for effective prevention, intervention, and support strategies within the justice system.

Integrating overdose prevention and response programs in justice settings is vital to identify individuals at risk, prevent overdoses and facilitate recovery. Justice agencies can play a crucial role in reducing overdose risk and improving outcomes for justice-involved individuals by focusing on core elements such as assessing and addressing overdose risk, providing community-focused education and naloxone distribution, connecting individuals to harm reduction services, offering screening for substance use disorders and linking individuals to treatment and recovery support services.

Peer support plays a key role in reducing overdose risk and promoting recovery among justice-involved individuals. Drawing on lived experiences, peer workers can establish trusting and nonjudgmental relationships, assist in navigating the recovery journey and connect individuals to necessary resources and services. By incorporating peer support into overdose prevention and response programs, justice agencies can enhance engagement, increase voluntary compliance and foster a sense of procedural justice where individuals perceive fair and respectful treatment, which leads to increased trust and cooperation with justice system staff.

Preparing the organization to integrate peer support involves establishing a clear vision, clarifying roles, aligning values, creating infrastructure, developing policies and designing accessible programs. Organizations must also provide training for peer workers and regularly monitor and refine the program.

Addressing organizational and systemic barriers is also critical. The stigma surrounding drug use and the criminalization of drug-related offenses hinder individuals from seeking help and perpetuate the cycle of harm. Efforts should be made to challenge these barriers, promote alternative strategies such as harm reduction and advocate for policy changes that prioritize public health and wellbeing over punitive measures.

Further research is needed to examine the long-term impact of overdose prevention and response programs within justice settings. Evaluating the sustainability of these programs, assessing their cost-effectiveness and measuring their impact on public safety and community health can provide valuable evidence for policymakers, practitioners and stakeholders. This research can inform the development of evidence-based practices and guide the allocation of resources towards effective interventions.

Integrating overdose prevention and response programs, alongside peer support, within justice settings holds great potential to address the drug overdose crisis. By adopting harm reduction strategies, embracing the principles of procedural justice and championing recovery-oriented approaches, justice agencies can contribute to reducing overdose risk, promoting successful reintegration and improving the overall wellbeing of justice-involved individuals. Continued research, collaboration and advocacy are essential to refine program models, address barriers and ensure the long-term effectiveness and sustainability of these initiatives. Through these collective efforts, we can work toward a society that prioritizes health, compassion and justice for all.

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