Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Letter to the Editor: Brief Case Report

Virtual Engagement With Peer Recovery Specialists for Patients With Substance Use Disorders Hospitalized During the COVID-19 Pandemic: A Case Report

Introduction

There is growing appreciation for the role of recovered individuals—those who share experiential knowledge of the struggles of addiction and recovery—in connecting patients to substance use disorder (SUD) treatment.[1] Peer recovery specialist (PRS) services are designed to link patients with SUD with peers trained in the provision of emotional and informational support. These programs have been successfully implemented across a variety of health care settings, including acute environments such as the emergency department (ED).[1] Notably, peers have been demonstrated to reduce substance use and increase treatment retention among patients with PRS exposure.[1]

However, as peer programs began to gain popularity and funding, especially in acute care settings such as the ED, the COVID-19 pandemic limited the ability of peers to engage with patients in those high-exposure-risk environments. Unfortunately, the narrowing of available treatment resources coincided with a widening of need for SUD care.[2] The pandemic presented individuals with increasing psychosocial difficulties, such as food and housing insecurity and exacerbations of underlying medical and psychiatric conditions.[2] As such, many Americans reported increasing or initiating substance use to cope with these pandemic-associated stressors.[2]

The incorporation of telehealth in SUD treatment sought to increase access to safe care at a time of increased need.[2,3] Telehealth has been successfully utilized during the COVID-19 pandemic to decrease exposure risk to providers and patients. Notably, the success of teleconference-based health care delivery has been shown to be effective in the treatment of a variety of SUDs, including alcohol use disorder (AUD), opioid use disorder, and nicotine use disorder.[3]

Despite the mounting evidence for both the utilization of PRS services and telehealth platforms in the treatment of patients with SUD, there is a paucity of literature exploring the adaptation of peer intervention resources to virtual encounters during the COVID-19 pandemic. The following is a novel case report documenting the virtual engagement of a PRS with a patient with AUD and the subsequent successful connection to long-term telemedicine-based SUD treatment.

Case Report

Mr. X is a 35-year-old male with a history of severe AUD that required 2 prior ED visits and one prior medical admission for consequences of alcohol use. The patient was admitted to the medicine service after an alcohol withdrawal seizure 3 days after the birth of his first child. In the setting of stress related to COVID-19 and anticipation of his first child, he had escalated his long-standing 2 drinks per night and intermittent binge drinking to 7-8 drinks per night. He experienced an alcohol withdrawal seizure after abruptly abstaining from alcohol to be with his wife and newborn child after the birth.

Mr. X was initially reluctant to engage with the addiction psychiatry consultation team in the hospital. He did, however, eagerly engage with a peer in recovery who was a part of the consult team and was able to connect to him virtually. In addition to sharing his own personal story with addiction and enduring recovery, the peer delivered important information about recovery such as where to find support groups and what medications are available. Mr. X ultimately decided to enter treatment with an addiction psychiatrist after discharge, start naltrexone as a treatment for AUD, and participate in 12-step work. In fact, he participated in his fist 12-step meeting virtually while still admitted to the medicine service. He has now been in recovery for almost one year.

Discussion

In a spring 2020 survey of mental health providers in the United States, most providers expressed positive experiences with telepsychiatry, with the majority reporting that they would want to continue to use telehealth platforms for at least 25% of their caseload.[4] In a survey of peer in the United States, more than half of the participants reported that changes in their job as a result of the pandemic were largely positive, with many citing the benefits of integrating virtual support services.[5] As such, virtual peer programs may represent a low-resource strategy by which patients can engage with a PRS on a mutually convenient platform.

Although the transition to virtual peer engagement was welcomed by peer providers, the change came with a shift in responsibilities away from traditional peer roles such as group facilitation, toward playing a larger role in connecting the patient to community resources.[5] In the described case report, the PRS was able to leverage the rapport developed over virtual encounters to motivate the patient to not only engage in care within the hospital but also connect to virtual resources outside of the hospital, a protective factor from frequent re-presentations to the acute care setting.

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