



Peer-to-peer: How former addicts help guide others through recovery

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(Photo: Jake Crandall/ Advertiser)

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Larry Snow's walk to the University of Alabama's commencement stage in May took a little bit longer than most of his classmates'.

The Birmingham native struggled without a support system in his childhood. With a mother addicted to drugs, Snow had to look out for himself, and grew up lacking important "coping skills," falling into a cycle of addiction that was difficult to emerge from.

"I was homeless, I slept on a bench in Birmingham," Snow said. "But I walked across that stage at Alabama, too."

He emerged with the help of fellow men in recovery, a community he found in Tuscaloosa as he worked to complete his degree. And now Snow is ready to pay that work forward as the coordinator of Montgomery's Council on Substance Abuse peer recovery support program, a holistic approach aimed at offering recovering addicts assistance and bridging the gap between everyday life and medical care.

"Research shows that a peer can play a valuable role in recovery by sharing their lived experience with people in recovery," Snow said. "Counselors and clinicians have their roles, and we don't replace those therapies. But we complement it. We've been through and overcome those barriers that they're trying to overcome. If they see us living successful and productive lives that we're proud of, hopefully they can identify. Recovery is all about hope. If there's no hope for anything better, why would you try?"

Charles Haslerig, another COSA support specialist, walked a very different path than Snow. A longtime business owner, Haslerig lived two lives as he grappled with a drug addiction two decades ago.

From the outside, Haslerig appeared high-functioning. But the never-ending work to maintain a shiny veneer to shield his addiction from view began eating away at him.

"I was doing what I see so many people do, especially with opioids: They go to work every day," Haslerig said. "They function. But I got so tired. I felt like my life wasn't worth living because it was a never-ending cycle of working, paying bills, getting high. Part of it is you have to keep this facade up. You have to cover over all this stuff. And then you neglect your family, your kids, your obligations. You're spending most of your time getting high or finding ways to get high. It's a miserable existence, it really is. You're living two lives."



Larry Snow, left, and Charles Haslerig both peer recovery support coordinators, pose for a portrait at the COSA Hope Recovery Community Center in Montgomery, Ala., on Wednesday, Sept. 26, 2018. (Photo: Jake Crandall/ Advertiser)

A recent study by Harvard (<https://www.usnews.com/news/healthiest-communities/articles/2018-07-19/congressional-districts-with-the-highest-opioid-prescription-rates-in-2016>)'s T.H. Chan School of Public Health, which grouped opioid prescriptions by congressional district, found that two of Alabama's districts ranked in the top five in the nation for prescriptions.

In north Alabama, the study estimated an opioid prescribing rate of 166.69 per 100 people, nearly triple the national median, in the 4th congressional district.

In Alabama's 1st congressional district, nestled in the southwest corner of the state, the study reports a prescribing rate of 131.35 per 100 people.

But experts say the scale and scope of Alabama's opioid crisis can be a slippery thing to grasp. Prescription data compiled based on Medicaid and insurance reports misses illicit drug use and trade. Information about fatal drug overdoses is often compiled from death certificates, which may not always be prepared by trained medical professionals, State Health Officer Dr. Scott Harris said earlier this year. ([/story/news/politics/southunionstreet/2018/01/26/alabama-opioid-report-looks-better-data-future-plans/1069280001/](https://www.southunionstreet.com/news/politics/southunionstreet/2018/01/26/alabama-opioid-report-looks-better-data-future-plans/1069280001/))

More than 5,000 Alabamians died from drug overdoses between 2006 through 2014. During that time period, the overdose rate increased 82 percent, according to a 2017 Opioid Action Plan developed by the state.

In 2016, the most recently compiled data, there were 741 overdose deaths, a rate of 15.3 overdoses per 100,000 deaths. Those deaths could not be completely attributed to opioids, but the Centers for Disease Control and Prevention reports prescription opioids and heroin account for the majority of drug deaths, the report states.

"Addiction is a disease, not a moral dilemma. And but by the grace of God, that would be me," Haslerig said.

The action plan calls for significant investments in Department of Mental Health treatment and recovery programs, as well as greater utilization of the Prescription Drug Monitoring Program.

But COSA's program and peer specialist everywhere are concerned with the personal, the day-to-day — sometimes hour-to-hour — tasks that aren't accounted for in prescribing data and state statistics. Snow and his colleagues help peers apply for driver's licenses, put food in the pantry and obtain their GEDs.

By helping peers clear some of the smaller barriers on their paths, Haslerig hopes the people he works with will be better equipped to approach their recovery every day.

"Recovery is more than helping people not to use drugs," Haslerig said this week, on the way to drive one of his peers to several food banks in the area. "It's about helping people emerge from their social dilemmas. It's difficult to stay clean if you're living under a bridge. We try to provide all of those resources to our people.

Though peer support specialists aren't clinicians, they are regulated by Alabama's Department of Mental Health. Prospective specialists are required to have at least two years of "continuous demonstrated recovery time" and references. Forty hours of training and a final exam are required before official certification.

Studies compiled by the [nonprofit Mental Health America](http://www.mentalhealthamerica.net/sites/default/files/Evidence%20for%20Peer%20Support%20May%202018.pdf) indicate

(<http://www.mentalhealthamerica.net/sites/default/files/Evidence%20for%20Peer%20Support%20May%202018.pdf>) comparable peer support programs addressing mental health conditions increased quality of life outcomes such as employment, as well as reducing hospital readmission rates and cost of overall medical care. The Substance Abuse and Mental Health Administration reports peer support aids in recovery from substance abuse and mental health conditions, which are often intertwined.

A 2016 study published (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5047716/pdf/sar-7-143.pdf>) in the Substance Abuse and Rehabilitation journal found peer support programs significantly reduces "habitual craving, and feelings of guilt or shame."

Haslerig measures the job by successes, not failures, he said, mentioning a few peers who just got their own apartment and another who is about to start a new job. But for people in recovery like Snow and Haslerig, watching others in recovery or still using can be difficult.

"There's something called vicarious trauma," Snow said. "It can wear on you. ... I have to do the maintenance on me. I have to do the things that got me to where I am now."

COSA currently has three certified support specialists on staff, Snow said, but trainees in the pipeline could triple their numbers soon.

"There's nothing more gratifying to me to see someone else who was struggling to get that sparkle back in their eye," Snow said. "You might see something in them that might turn a light bulb on in your head. You might get clarity about your situation. So, you have to look at it both ways."

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