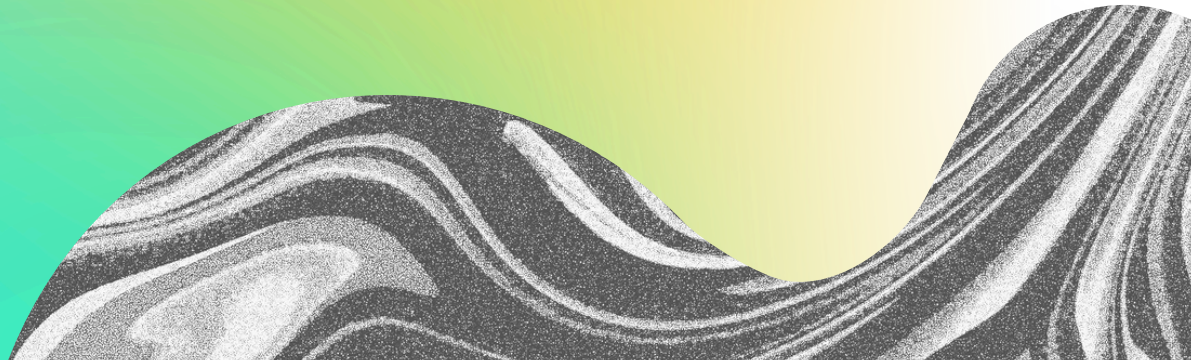




PEER APPROACHES TO SUBSTANCES

for Early Psychosis Programs
(PAS-EPP)

**A TOOLKIT
FOR CSC PEER PROVIDERS**



Peer Approaches to Substances

for Early Psychosis Programs (PAS-EPP)

A Toolkit for CSC Peer Providers

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Early Psychosis Programs (EPP) & Coordinated Specialty Care (CSC)

provide early intervention services and support for youth and young adults who are experiencing and/or at risk for developing psychosis and related diagnoses. Peer Support Providers are key members of multidisciplinary EPP/CSC teams.

Early Psychosis Intervention Network (EPINET)-TX

EPINET is a national learning health care system for early psychosis. EPINET-TX is a regional network of 15 community mental health centers, representing 20 Coordinated Specialty Care (CSC) teams across the state of Texas. Coordinated by the University of Texas at Austin, EPINET-TX is a public-academic research partnership that supports the use of measurement-based care and collaborates to study real-world challenges to recovery for young persons with early psychosis. A particular emphasis is placed on understanding disparities in access, use and outcomes.

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UNDERSTANDING THE PEER APPROACH

UNDERSTANDING THE PEER APPROACH

Introduction to the Toolkit

Developed by and for peers with lived and living experience, this toolkit is intended to equip peer providers with the confidence and tools to approach and explore substances and substance use (SU) with young people.

The content of this toolkit was shaped by the need for guidance around how to approach substance use from a peer perspective. There is no “one size fits all” peer approach to SU. Each of our lived experiences are unique, and our approaches as peers may shift and adapt between our peer relationships. The purpose of this toolkit is to explore ways that peer providers can become more confident, educated and empowered to approach substances with young people experiencing a recent onset of psychosis.

This toolkit highlights the uniqueness of the peer perspective and the roles of connection, authenticity and exploration within a peer approach. Information about substances and SU is included, with specific focus on areas that are most relevant to the needs of the transition age youth & young adult population in early psychosis programs (EPP).

Peer Approaches to Substances for EPP (PAS-EPP) provides a set of tools that can be used by peer providers to better approach, explore and reduce harm around substances with young people.

What is this toolkit not?

This toolkit is not a comprehensive resource for all drug and substance use information. It is not an abstinence-based guide to preventing drug use. This toolkit does not provide instructions on how to craft a specific message or story around substance use or recovery.

Who is this toolkit for?

While this toolkit was designed specifically for Coordinated Specialty Care (CSC) Peer Providers, it may also be useful to supervisors and CSC colleagues of peers. Peers may also share content, resources and activities from the toolkit directly with young people, families or community partners.

UNDERSTANDING THE PEER APPROACH

What is a peer approach to substance use?

Substance use and addiction is part of mental health. Many of us know from our own experiences that the division between mental health and substance use is arbitrary. Using substances alters our mental states, and alters our sense of the world and ourselves within it. Substance use can affect not only our quality of life, but also our sense of self and our mental wellbeing—in ways that can be both positive and negative.

Mental health and substance use/addiction are often treated separately within the U.S. mental healthcare system. The practice of referring out to substance use specific services is common throughout the mental healthcare system. As a result of this divided treatment system, approaching SU is often neglected until a young person has developed a significant SU issue—often, once their use has already reached the point that it is directly impacting their life and their ability to participate in mental health services.

But there is so much that can be done before this point. The word choice for this toolkit, “Peer Approaches to Substances”—not substance use, is intentional. The idea behind a peer approach to substances is that peers can approach substances as soon as they come up in their work with young people.

Substances can be explored with young people not only when they are being used, but whenever the topic comes up in their lives. Peers should embrace curiosity around substances and use it to discover, educate and plan before the need for an outside intervention.

Peer providers are equipped to explore things with young people in ways that other clinicians are not. Yet, when it comes to addressing SU, peers are often steered towards a clinical approach. This approach is typically based in fear and an urgency to monitor and change behavior. The objective of peer support is to build connection and understanding, not to change behavior or beliefs.

In order to separate judgment from your approach as a peer, it's important to become aware of our personal biases. Mental health and substance use diagnoses are deeply stigmatized, and psychosis in particular is an incredibly misunderstood spectrum of experience.

STIGMA & BIASES

STIGMA & BIASES

While this toolkit focuses specifically on stigma and biases around substance use and mental health, it's crucial to learn how all types of stigma and bias intersect. Exploring and un-learning stigma and bias is ongoing work.

This work includes personal reflection and deepening of awareness related to identity, stigma and implicit biases, as well as work on our actions and interactions with other people, groups, systems and institutions.

Stigma: Preconceived, negative attitudes which lead to stereotyping, prejudice, rejection and discrimination. Types of stigma:

- **Public/Societal:** Negative stereotyping and biases by individuals, organizations, social institutions and media. Social and cultural attitudes or beliefs about people, places or things that lead to negative perceptions and treatment.
- **Self:** Self stigma is created when people believe and internalize that negative stereotypes are true of themselves. Self stigma causes feelings of shame, anger, inferiority and hopelessness.
- **Institutional:** Stigma and biases toward mental health diagnoses and substance use within the healthcare and criminal justice systems create barriers to treatment and lead to criminalization.

Implicit biases are subconscious attitudes and associations that exist beyond our control. Implicit biases are shaped by our personal experiences, identity, culture, media, language and society.

Example: You assume that an unhoused person you pass by on the street is an alcoholic or drug addict. This unconscious bias exists, regardless of whether or not you feel negatively towards the person.

Explicit biases refer to conscious negative attitudes, beliefs and actions that we have towards others.

Example: Using the term “junkie” to refer to someone who uses drugs in a way that is discrediting or demeaning.

STIGMA & BIASES

“Moral Neutrality” to Address Stigma & Biases

By gaining awareness of our implicit biases, we can work to become more neutral in our perspective towards ourselves and others—including in our approach to substances. When it comes to any form of SU, it’s crucial to maintain a **morally neutral**, open-minded perspective and attitude.

Having a morally neutral perspective toward client substance use does not negate any personal experiences of harm caused by substances.

A peer approach must be authentic, and is shaped by our personal experiences.

This does not mean having a totally un-opinionated attitude towards substances—in fact, our personal experiences can create more insight into potential risk factors and harm reduction when it comes to substances. “Moral neutrality” simply means that you seek to detach any moral judgment about SU when it comes to working with young people.

Our biases around substances come from a combination of our own lived experiences, self, society, family, systems and media. Increasingly, it is emphasized in the mental health field that if you acknowledge that something is “bad” or dangerous, you are being judgmental or stigmatizing. It’s important to recognize and explore the harm that substances may cause from a neutral perspective.

For example, the risks associated with finding and purchasing methamphetamine are different from alcohol, which is legally available to buy in stores across the country. This fact can be acknowledged without moralizing, minimizing or exaggerating risks of the type of substance used. Peers should find ways to convey valid concerns and strategize ways to reduce risk without casting judgment on clients.

By taking a holistic approach to client substance use, peers can zoom in and out from every angle of the situation. Instead of leading with alarm or disapproval around a particular substance, peers should direct exploration around the risks that are relevant to the client and situation.

Bringing our lived experiences to these situations gives us a wider lens from which to view client substance use. Regardless of how much experience you may have with a certain substance or situation, you should be able to step back, observe and strategize with a young person.

EXPLORING PERSONAL SUBSTANCE USE BIASES

Write any words or phrases that come to mind in response to each section

EXPERIENCES

What life experiences have influenced your perspective on SU?

Myself

Personal identity

Family & loved ones

Social/community

Culture

Environment

Institutions

Other

BELIEFS

What ideas and beliefs do you have around substances & SU?

Addiction

Recovery

Treatment models or programs

Religious/spiritual

Positive experiences/views

Fear

Guilt or shame

Other

How do these combined experiences and beliefs impact your approach to substances with young people in your role?

EXPLORING PERSONAL SUBSTANCE USE BIASES

Write any words or phrases that come to mind in response to each section

DIFFERENCES

What are differences that you notice between yourself and others when it comes to substance use?

Myself

Personal identity

Family & loved ones

Social/community

Culture

Environment

Institutions

Other

How/could these differences create biases or barriers to understanding and approaching substance use for you?

Identify any areas of growth you may have in regards to exploring implicit or explicit biases:

How do these biases show up in your approach to exploring substances with young people?

How can you increase awareness around these biases within your work and interactions with young people?

EXPLORING PERSONAL SUBSTANCE USE BIASES

Write any words or phrases that come to mind in response to each section

DIFFERENCES

What are differences that you notice between yourself and others when it comes to substance use?

Myself

Personal identity

Family & loved ones

Social/community

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Environment

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Other

How/could these differences create biases or barriers to understanding and approaching substance use for you?

Identify any areas of growth you may have in regards to exploring implicit or explicit biases:

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How can you increase awareness around these biases within your work and interactions with young people?

SUBSTANCE USE & THE TRANSITION TO ADULTHOOD

Developmental Impact of Young Adult Substance Use

During the ages of 16–25, key cognitive development occurs in the brain’s frontal lobe, which is in charge of our ability to plan, organize and self-monitor thoughts, emotions, behaviors and activation. **This developmental period will be referred to as the “transition to adulthood” throughout this toolkit.**

It’s important to consider stress factors that happen during this developmental period—wherein significant change and fluctuation across every life domain is most common. Factors including identity exploration and the social norms around SU and experimentation are part of the transition to adulthood, making substance use an absolutely **normal**, typical young adult experience.

Substances are used and sought after by young adults for pleasure, curiosity, and enhancing and/or numbing thoughts, feelings, senses and experiences, including socializing. Young people may seek out substances when coping with trauma, mental health symptoms and stress—all of which EPP participants have experienced and are navigating in different ways during this period of developmental change.

“Normal” Substance Use & Risk Factors for Young Adults

SU experimentation during the transition to adulthood is more the norm than the exception. In order to understand what the “norm” is for each person, it’s important to look at the individual factors that impact a young person’s baseline. These factors include exposure to substances within homes, families and environments.

“Normal” experimentation for someone who grew up witnessing or experiencing substance use or abuse in the home may look very different from the “normal” experience of someone who grew up unexposed. Differences in the attitudes and behaviors towards SU of the people around us, as well as exposure to substances during childhood factor into each individual’s baseline at the transition to adulthood.

Risk taking itself is common during the transition to adulthood, related in part to the stage of frontal lobe development and increased impulsivity. Problematic substance use and serious mental illness onset including psychosis is prevalent during this age. In addition to developmental impacts, problematic substance use during this time can negatively impact employment and school performance, cause financial problems and potentially hurt relationships. However, not all substance use becomes problematic or diagnosable as a Substance Use Disorder. Peers should seek to gain understanding around a young person’s history with and relationship to substances, apart from clinical assessments.

Substance use can disrupt frontal lobe development before adulthood, potentially causing harm and increasing risk for the onset of mental health symptoms including psychosis. **The population of participants in EPP programs share risk factors and motivations for substance abuse, including their age—as well as trauma, mental health diagnoses and symptoms and experiences of marginalization.**

PEER STRATEGIES FOR EXPLORING SUBSTANCE USE

Exploring the “Why” with clients

Peers should remain curious about the personal “whys” behind substance use with young people, without pressuring abstinence or change. It is also important that peers feel confident to relate and share from their own experiences authentically. A harm reduction approach does not need to be sterilized, especially from a peer perspective.

Personal sharing can be done alongside harm reduction, but it’s important to continuously check-in and make sure that you’re not pushing the young person’s boundaries. It’s important to continue to stay in the “right now” when you begin exploring these things together. If you detect any sense of shame or defeat, they may not be ready to explore this yet. If you try to push people towards change in ways they aren’t ready for, the trust within the relationship becomes compromised.

We don’t need to have the “answers” as peers. Instead, peers ask the questions that focus on relationship building. Asking questions can be the most helpful tool for responding and guiding exploration into the “why” behind substance use with young people.

Reflecting

- What questions can you ask to help create trust when substance use comes up?
- What questions can you ask when substance use experiences come up that you are or are not experienced with?
- What questions would you be afraid to ask, but might be really curious about?

It’s important to make space for young people to explore all aspects of substance use, including the pros and what they like about using. Peers can be supportive by giving young people the opportunity to be heard without judgment, and without pressuring change.

Guiding Questions to Explore the “Why”

- How does using make you feel?
- What do you like about it? Why?
- What are the benefits of using for you?

PEER STRATEGIES FOR EXPLORING SU

Resist the Urge to Change or Warn

There is a need for guidance on how to navigate SU with young people as a peer—and how to connect and be authentic without being overbearing in our personal beliefs and experiences. It is important for peers to resist an impulse to “change”—and rather to explore young people’s needs, desires and willingness, together.

As a peer, you have the opportunity to explore with young people in ways that feel neutral and non-shaming, while seeking to deeply understand. By using this exploring approach, you can help young people gain deeper insight into **why** they use substances, the impact they feel it has on them, and if and how they may want to make any changes in their use. Your role as a peer provider to young adults is to support their self-discovery of who they are and what they need.

Connection and understanding are the foundation to a peer approach towards substance use. Peer providers are equipped to explore things with young people in ways that other clinicians are not. Yet, when it comes to addressing substance use, peers are often steered towards a clinical approach. This approach is typically based in fear and an urgency to monitor and change behavior.

The objective of peer support is to build connection and understanding—not to change behavior or beliefs.

The Importance of Connection & the Peer Working Alliance

Having an authentic connection that is rooted in trust, understanding and respect is the foundation for exploring SU together. The “working alliance” is the extent to which you and your clients are aligned on what tasks and activities you are doing together, and have a shared vision for the purpose of your work together. Building mutuality can improve your connections with clients, by embracing the working alliance between yourself and each of your clients.

PEER STRATEGIES FOR EXPLORING SU

Reflect on the connection between yourself and a young person that you are currently struggling to engage:

- Do you have a connection that is rooted in mutual trust (or does one of you feel more or less trusting)? Why or why not?
- Do you co-decide the things that you do together (or is one of you driving the activities)? Why or why not?
- Do you share the vision or purpose for your work together? Why or why not?
- What can you do to change these things? What might get in the way?

"WOOP" stands for "Wish, Outcome, Obstacle, Plan." Use this exercise to help develop your strategy for improving your working alliance with a young person:

- **Wish:** (vision/goal): I wish to improve my connection with my client Jennifer.
- **Outcome** (what getting the Wish would look like): Jennifer will open up to me about her substance use
- **Obstacle** (what gets in the way of achieving the outcome): Jennifer frequently cancels our meetings; she has been high when we were supposed to meet.
- **Plan** (next steps to achieving wish & overcoming obstacles): Aim to find more common interests and passions at our next meeting. Explore something fun and mutually life giving that we can do together in the community.

PEER STRATEGIES FOR EXPLORING SU

The Impact of Language

The language used to talk about substance use is complex. It is constantly shifting and evolving, and each person has their own personal associations with these words.

For example, identifying as an “addict” has been a crucial part of some people’s recovery. In fact, many people in 12-step programs feel that using this language is a necessary, and even a liberating tool for their sense of acceptance. **However, the words that may feel liberating and empowering to some, may be off-putting or offensive to others.**

As a peer provider, how are you supposed to talk about it ?

- How can you speak in a way that is authentic to yourself and your experience, while also using language that is authentic to each individual?
- How can you repair things when you’ve used language that causes harm or offends someone?

Language and identity around substance use and recovery is personal.

When a young person indicates that your language has made them uncomfortable, or when you sense a shift in energy or tone during these conversations, it’s important to pause and reflect. But when others react in ways that don’t reflect our *intentions*, our initial impulse may be to explain or defend ourselves.

Authenticity is crucial to building the peer bond, so it’s important for peers to be able to speak and express ourselves in ways that are authentic to ourselves and our experiences. At the same time, we must seek to understand, learn and speak using the language that is authentic to the individuals we work with.

PEER STRATEGIES FOR EXPLORING SU

Sharing from Lived Experiences

Sharing and connecting around personal experiences is a pillar of peer support. Sharing about substance use and addiction can feel particularly hard to navigate as a peer provider. Particularly, disclosing previous experiences that include illegal or stigmatized substance use feels tricky or may exceed our personal boundaries.

For those of us who identify as having lived experiences with addiction and SU recovery, our stories are a strength. These experiences are a point of connection and knowledge when it comes to our ability to support others.

At the same time, our personal experiences may not resonate with every young person we work with. Our experiences with personal recovery may create bias toward different approaches to substance use.

Moreover, the things that have worked for us as individuals become ingrained in us. As peer providers, we don't have to hide these experiences, but we have to gain awareness of how we can share with young people. It's important to consider the impact of sharing our experiences may differ for each individual person, moment and circumstance.

It's equally important that we consider the impact that sharing may have on ourselves.

Peers are not obligated to self-disclose every time we can relate to something.

Understanding our personal boundaries around our lived experiences is necessary for our personal wellness and self preservation.

GUIDE FOR INTENTIONAL SHARING

PART OF YOUR SELF/LIFE	ALWAYS OK TO SHARE ABOUT? NEVER OK? SOMETIMES OK?	WITH WHO? WHY? WHEN? IN WHAT SETTINGS? WHAT DETAILS DO/N'T YOU SHARE?
Personal experiences with SU &/or addiction		
Types of substances you have used		
Personal recovery/coping techniques; what has or has not worked for you		
Current substance use		
Personal views on abstinence		
Personal recovery story		
"War stories" from past experiences		
Your family dynamics and/or history		
Any consequences of your substance use (personal, legal, financial, etc.)		
Sobriety status and/or how you identify in relation to SU		
Spiritual and/or religious aspects of SU recovery		
Examples or "warnings" from personal experience		

While not all peers in EPP programs may identify as having lived experiences with SU, everyone can relate based on other life experiences.

We can all connect based on the shared experience of living, observing and surviving in our society. We can also relate to making difficult changes in our lives. Peers are not required to have a “perfect,” universally relatable bank of personal experiences to draw from. Sharing from our own curiosity can be a powerful tool for engaging in young people’s own curiosities.

Matching Your Sharing to Where a Young Person is at

Peer practice is rooted in sharing life experiences in a way that is genuine, relatable and helpful. When seeking to relate to young people, peers should not try to **warn** about negative outcomes of decisions or behaviors. For example, if a young person recently failed a class because they stopped completing the homework assignments, it would be relatable and helpful for a peer to share their own experience of failing a class due to similar circumstances.

However, if a young person shared that they had just missed a few assignments, it wouldn’t be helpful for a peer to simply warn about all the negative consequences of not completing homework assignments. Rather, the peer would validate the experience of not doing an assignment, explore why it happened and demonstrate genuine understanding of whatever is getting in the way. Then, if the young person was interested and willing to problem solve, it might make sense to offer support with finding solutions.

The same goes for relating to substance use. If someone shares that they are using substances, and does not see their use as problematic or harmful, sharing in response about your recovery story and the negative consequences of SU would not match with where the young person is at. This sharing could actually result in that person feeling unheard, invalidated, misunderstood or disrespected. Not matching the tone, energy and purpose of sharing can fracture the trust within a peer dynamic.

If a young person is instead sharing about the negative consequences and frustrations of their substance use, sharing from a personal recovery story that is relevant to the situation may provide validation, make them feel more connected, or increase trust within the peer relationship.

Being Supportive During Uncertainty & Ambivalence

People will often have mixed feelings about their use of substances, and their interest in seeking change may likely shift and change over time. Peers can be supportive to young people during feelings of uncertainty and ambivalence by creating a nonjudgmental space to explore their feelings and weigh the pros and cons of their current substance use together. Once a goal or desire has been identified, peers can build from tools and strategies to support their growth.

If a young person has made a decision about a change they would like to make, such as one that might avoid a negative experience they had, the peer can support the young person to define what they want to change and create a plan. The peer may help them say more concretely what they would like to do differently, problem solve what might get in the way, and normalize potential setbacks they may experience.

Strategies for When SU is Negatively Impacting Young Person's Life

We have discussed the unique approaches that peers can take to explore substance use with young people. By using these approaches, peers can gain insight and connection with young people and ultimately share strategies to reduce SU harm and support recovery.

These strategies may be used to...

- Help prevent someone who has never used substances from developing problematic SU
- Support people with non-problematic use to reduce/avoid future harm
- Support someone who wants to stop, change or reduce their current SU with meeting their goals
- Build resources and support for people whose lives are being negatively impacted by their SU

Strategies for Building Support & Community

To best support young people, it's critical to address personal, social and community-related factors. It has been said that "the opposite of addiction is connection." There are many different types of connection, and each can be used as a branch of support.

Ask young people to identify:

- Connections you already have
- Connections that you want to change or make stronger
- Connections that you want to have
- Connections that you are building

Social & Community Support

Support young people with identifying who they can go to for support and what's expected in these relationships—as well as to understand boundaries, and awareness of who is/n't using substances.

PEER STRATEGIES FOR EXPLORING SU

“Who can you go to right now for...”

- **Emotional Support:** Warmth, empathy, concern, affection, love, trust, acceptance, intimacy, encouragement, caring, nurturing, etc.
- **Tangible Support:** Financial assistance, material goods, or services. This form of social support includes the concrete and direct ways that people assist others.
- **Informational Support:** Useful information, advice, guidance, suggestions, solutions
- **Companionship Support:** Belonging; engaging in shared social activities

Peer Resource Building

Find spaces and events locally where young people are present and the focus is not on substance use/drinking. Peers can build a list of community events, groups and activities to connect young people to healthy communities and environments.

- **Build** enjoyable, safe habits, experiences and hobbies
- **Intellectual/Creative:** artistic outlets, learning, entertainment
- **Emotional:** Expression, connection; therapeutic outlets
- **Physical:** Joyful movement, being in nature, sleep hygiene, routine
- **Re-engage** in fun activities and entertainment
- **Explore new** types of things & experiences
- **Build** personal resources & finances: financial literacy, link to supported employment resources
- **Host** substance-free, small & large group activities: social or cultural events, video games, games, book club, etc.
- **Connecting** young people to others in recovery: facilitate peer-to-peer relationships, coffee meetups, one-on-ones, etc.
- **Connecting** to sober/recovery groups and programs within the community (see appendix for details)
- **Explore** recovery & harm reduction communities online (see appendix for list of related apps and websites)

PEER STRATEGIES FOR EXPLORING SU

Team Collaboration

It is not solely the peer's responsibility to support young people with SU goals—it is the responsibility of the entire team. Each role can collaborate with one another and partner with young people to support their SU goals. There is no one size fits all approach for each staff member, however, a few collaboration practices can be used to best support young people as a team when it comes to substance use.

Communicating with Your Team When Client SU Comes Up

Explaining your exploratory approach to substances and SU as a peer is critical to gaining team understanding—and for establishing boundaries and role clarity as a Peer Provider. Peers should share resources and advocate for exploratory approaches and harm reduction strategies with their teams, over clinical assessment or reactive approaches to substances and client SU.

Peer Providers should focus on having exploratory conversations with young people, with the intent to learn and build the relationship. The purpose of these conversations should never be gathering details about client SU so that other team members can gain insight or perform clinical assessments. Still, Peers may feel pressured or even prompted by members of their team to “find out” and share information about client SU, due to their connections with clients and/or perceived life experiences of the peer.

Peer should understand the policies and protocols of confidentiality around SU and how it relates specifically to their role as a Peer Provider. Peers should establish boundaries around information sharing with their team that preserve the peer bond and rapport with young people. Peers should collaborate with team members on how to best understand and approach the needs of each young person from a holistic perspective. To collaborate effectively, Peers should seek to gain understanding of their team's individual approaches to substance use within their work, including any biases or opinions about SU, as well as their previous responses and treatment of client SU.

In order to advocate for the young person's perspective and needs most effectively, peers should be strategic with how to disclose and approach client substance use with their team members.

PEER STRATEGIES FOR EXPLORING SU

Peers should consider having a conversation about information sharing with a young person once SU comes up in order to establish confidentiality and comfort in the relationship, and to outline policies about disclosure with team members (what stays between you two, when, and what sharing about SU/are they comfortable with, when/is it mandatory and why).

Shift from “Reacting” to Risky Behavior to Understanding & Mitigating Harm

Peers first and always explore substance use in a non-judgmental way. Peers may find it helpful to gently share with colleagues that we all make assumptions about substances and SU experiences and risks, based in part on our own biases (which are also influenced by our professional and clinical backgrounds).

Before intervening to protect someone from an assumed harm, we must understand SU experiences and potential associated risks from the perspective of the young person themselves. **Young people have the ultimate choice to “work on” their substance use, and it is our job collectively to stay curious, honest, and non-judgmental in order to gain insight into all potential aspects of SU with someone.**

We don't want young people engaging in harmful behaviors, but we must accept that SU is common, and that it is very much a part of typical adolescent and young adult risk taking and self-exploration. Substances are also very much a part of socializing and social experiences in our country. As providers, we must shift from telling you to quit your “bad” behavior to simply exploring potential associated harm together.

As peers, our strategic focus with young people should shift from abstinence or reducing substance use, to understanding and reducing the harm associated with it.

PEER STRATEGIES FOR EXPLORING SU

Safety Strategies

Peers can partner with young people to develop harm reduction strategies for personal safety. These strategies can be created through conversations with a young person, rather than using any formal “safety planning” documents. Young people may fear safety planning due to lack of confidentiality or concern about involvement of family, loved ones, clinicians or other team members—this may especially be true for clients who are under 18 and may have legal guardians that can view their documentation.

Peers can help young people come up with strategies that work for them and that are based on their own needs, goals and desires. Safety strategies may include discussing and gathering resources for overdose prevention. Safety strategies may also include looking at a young person’s network of support and how they can be included—as well as looking at who, what, where, when and why someone or something is detrimental to their sense of safety and wellbeing, and strategizing ways to change or manage their relationship to it. Creating safety strategies in this way is only possible when a young person recognizes harm or a need for increased safety in their life and wants to address it.

Education & Resource Sharing

It is the team’s responsibility to share with young people, families and community members what we know about how substances and SU can influence mental health and physical wellness, including its impact on psychosis. It’s important that peers approach SU experiences in non-judgmental, normalizing and relatable ways—and peers should feel equipped to share what they know and have learned about SU and any particular associated harms. Sharing what you have learned about medication interactions with the team is important for the team to know, because this may be a particular risk for both mental and physical health. Part of exploring risk and reducing harm, is learning and sharing information and resources together.

HARM REDUCTION & THE PEER APPROACH

HARM REDUCTION & THE PEER APPROACH

What is Harm Reduction?

Harm reduction is a holistic, practical approach to addressing substance use with the goal of reducing harm in any possible ways. Research shows that abstinence-based programs alone do not work to prevent overdose, death or other harms associated with substance use.

The need for overdose prevention strategies is more urgent than ever. By meeting young people exactly where they are at in their substance use and exploring the risks together, peers can supply tools and explore strategies to reduce the risk of overdose and any other potential SU harm.



Providing tools and strategies for harm reduction and safer substance use does not equal encouraging or promoting drug use or making it “easier” for someone to use.



These are realistic, practical responses to increase safety and wellbeing related to substance use.



Harm reduction reduces stigma, leaving space for growth and change.



Peers can be supportive by helping young people plan around safer substance use, while leaving room to adapt to shifting needs over time.



Most importantly, overdose prevention and harm reduction saves lives.

HARM REDUCTION & THE PEER APPROACH

“Meeting People Where They’re At”

By focusing only on areas affecting someone in their present stage of use, young people can better grasp areas of potential harm related to their SU. Once these areas are identified, a harm reduction strategy can be explored together. Harm reduction is a holistic, individualized approach to reduce any harm caused by substances.

Harm reduction includes strategies for overdose prevention, as well as making SU safer and less harmful to the lives and communities of anyone who is using substances. With any type of SU, there is a spectrum to the level of risk. At different points in time and during different stages of life and experiences, people may move across different points of their own spectrum.

Peer Harm Reduction Strategies

Peer Providers should not be doing clinical assessments, such as SASSI, CAGE, etc. Instead, Peers should focus on having exploratory conversations with young people, with the intent to learn and build the relationship. The reality is that substance use has risks and potential harm, and there are ways to look at these risks together, from a peer perspective.

When it comes to the idea of looking at SU risk, people often think about the type of substance/s and the amount and frequency of use. For example, if someone was using alcohol vs. methamphetamine, how would you weigh the differences in risk between these substances? Rather than focusing solely on the obvious risks of using or developing SU dependence, peers should start by exploring other areas of potential harm together by focusing on where that young person is at **right now**.

A peer approach to harm reduction is about shifting focus from the "what" of substance use with a young person, to looking together at where, how and when harm is associated with it. Peers should focus on learning what harms are (or aren't) identified by the person who is using, in order to explore harm reduction strategies that feel relevant and realistic to that person's needs.

HARM REDUCTION & THE PEER APPROACH

Guide for Exploring Present Harm

- What do you usually like to do when you're using, or after you've used?
- Do you hang out with anyone else while you're using? Who? Do these people feel safe, supportive of you?
- Where do you use? At home? Somewhere else?
- Do you ever use alone?
- Have you ever been treated poorly while/because of seeking or using this substance? What was the situation like?
- Is there anything about using that makes you feel unsafe?
- Do you ever feel paranoid when using? What's that look and feel like for you?
- Is there anything that you or others around you do to feel safe/r while using?

Life Factors: What's going on in your life?! How have you been?

- **Mental Health:** Do you notice any impact on your mental health or symptoms from using?
- **Physical Health:** Have you noticed any physical effects or changes in your body? Do you notice any differences between when you are and are not using?
- **Employment or Education:** Is it having any effect on work or school?
- **Relationships:** How do your friends feel about it? Your family?

Additional Factors to Explore Together:

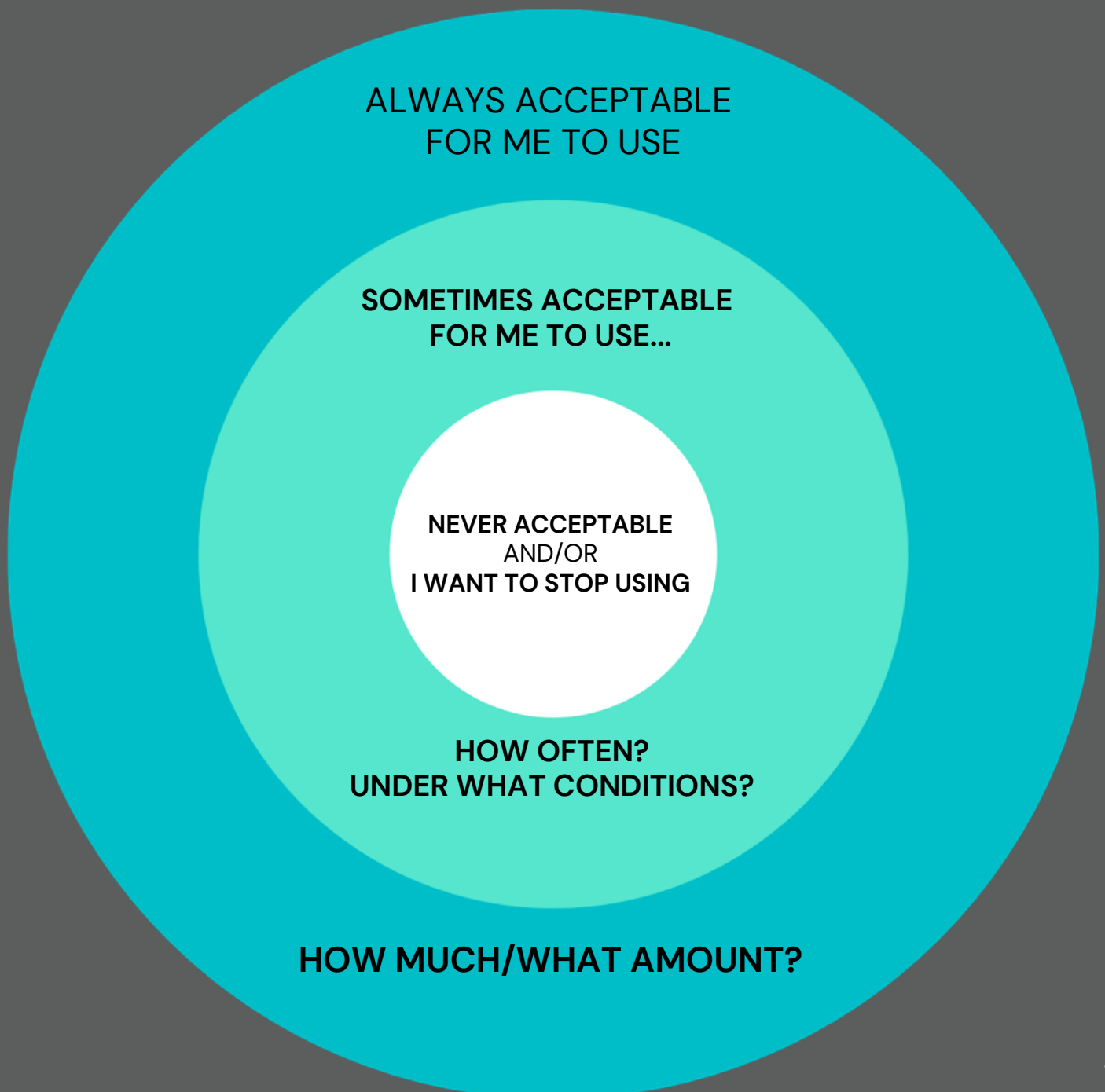
- **Source:** How, where and who did you obtain the substance from? Is it a trusted source? (was it purchased legally or not)
- **Financial:** What's the cost? Is it affecting your finances at all?
- **How do you use it? (route of administration)**
 - **If it's an unregulated substance, did you test it?**
- **Dose/Tolerance:** Do you know how much you are taking? Do you know how much you want to take? Can you regulate the amount? What would you say your tolerance is like (is it changing)?
- **Meds & Drug Interactions:** What meds are you currently on? Do you know about any potential drug interactions with your meds? Do any of your meds affect dosing (the potency of a substance)?

CIRCLE OF ACCEPTABILITY

This tool empowers you to create your own boundaries around substance use. It can be used with young people to explore personal SU beliefs and help identify needs and motivation. Ask nonjudgmental questions as you walk through the activity to explore “the why” further.

Write on or talk through each layer of the circle together:

- Starting with the **outer ring**: What’s always acceptable for you to use? How much and how often?
- **Middle ring**: What types of substances are sometimes acceptable for you to use? how often and under what conditions?
- **Center**: What things are never acceptable for me to use AND/OR do I want to stop or cut back on using?

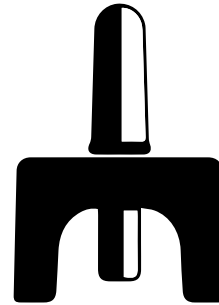


Overdose Prevention

The need for overdose prevention strategies is more urgent than ever. As a peer, you can meet young people where they are at while also supplying them with tools to reduce the risk of overdose (for themselves and others).

Safer Use Strategies

- Never use alone
- Test your substances with fentanyl testing kits
- “Start low, go slow”
- Use safer supply kits
- Learn about drug interactions & medications
- Carry Narcan



Narcan (naloxone) is a lifesaving opioid overdose reversal drug which can be administered safely by anyone. Narcan does not reverse non-opioid overdoses, but is not harmful if used on someone who has not taken opioids.

Who should carry Narcan?

You!

There are many ways to access Narcan for free!

Share Narcan resources with young people, your team and everyone in your life

- Most local Harm Reduction organizations provide free naloxone to the public, including the [Texas Harm Reduction Alliance](#).
- Peers can help young people request a monthly Narcan prescription from their healthcare provider or pharmacist.
- Texas has a statewide standing prescription for anyone to be able to request Narcan from a pharmacy, with or without a prescription or insurance.
- Individuals and organizations in Texas can request free Narcan by mail from morenarcanplease.com.
- Refer to the List of Peer Resources in the appendix for more resources and information on where to access naloxone, fentanyl testing kits and safer supply materials in Texas and nationally.

OVERVIEW OF SUBSTANCES & SUBSTANCE USE EFFECTS

OVERVIEW OF SUBSTANCES & SU EFFECTS

What is a substance?

A substance is defined by its ability to affect how the brain works and cause changes in mood, awareness, thoughts, feelings or behavior. Substances may be referred to as “mind or mood altering,” “psychoactive,” or anything that creates the feeling of a high.

A substance may be something that is used, misused and/or taken as a medication, and definitions of “what is a substance” vary from person to person. While nicotine and caffeine, for example, are addictive substances, they aren’t viewed the same way as substances that create a high.

Substance use and effects are deeply individual. Substances affect everyone differently, and everyone has their own relationship with different substances. The effects of all types of substances are deeply personal, and are impacted by our individual experiences, circumstances, bodies and brain chemistry.

The state of substances and drug culture is constantly changing. The cultural framework around drugs continues to shift as our attitudes towards substances, SU and the people who use them changes. Many more substances exist, are being used and are shaping the cultural landscape of SU today than those discussed in this toolkit.

This section does not aim to provide an extensive overview of all substances, but to focus on those that are the most commonly used and misunderstood among young people and Peers today. For more information on harm reduction approaches and resources, see section 6, “Harm Reduction,” and the appendices for a list of national and Texas-based resources.

OVERVIEW OF SUBSTANCES & SU EFFECTS

Legal Substances

Caffeine, nicotine and alcohol are some of the most commonly consumed, and legal substances. For many, regular use of these substances may not negatively impact their life. Though, they have the potential to cause unwanted impacts on our lives, including effects on mental health.

In addition to the increased legalization of cannabis, an emerging number of “gray market” drugs have become more popular and accessible—including Delta 8 and kratom. These substances, while legal (with some age restrictions), lack federal regulation and research as well as public understanding of their content, dosing and effects.

Cannabis (THC)

Throughout interviews with peer providers across Texas, cannabis was cited as the most commonly used substance by EPP participants, above alcohol. Some key takeaways from these peers’ observations about participant cannabis use are summarized below:

- Many peers observed a link between the effects of cannabis use and psychosis symptoms among their clients
- Some reported that using cannabis makes their psychosis symptoms feel more pleasant, while others reported that it impacts the severity and/or changes the nature of their symptoms (such as increase, decrease, or change of tone in hearing or voices).
- Others shared about negative experiences with cannabis use, including increased paranoia, voices and other mental health symptoms. And many people described having a combination of both positive and negative experiences related to their symptoms and use of cannabis.
- Some of the reasons and benefits of cannabis use reported by young people include:
- Using cannabis to manage mental health symptoms or “self medicate”

OVERVIEW OF SUBSTANCES & SU EFFECTS

- Using to feel more connected with particular perceptual or or everyday experiences, including social settings and interactions, creativity, sex and sensuality.
- These reasons, among others, make it difficult for some to quit, reduce or moderate
- their cannabis use.

Cannabis Facts

- As of 2023, cannabis has been legalized in 21/50 states in the US
- THC, the psychoactive chemical found in the cannabis plant, acts on the prefrontal cortex of the brain, which is in charge of thoughts, actions and emotions.
- Increased legalization has created a new market and broader availability of different cannabis products, including edibles (gummies, brownies, etc.); THC products have become increasingly stronger.

Opioids

As of 2022, fentanyl overdose is the leading cause of death for US adults ages 18 to 45. The opioid epidemic continues to have a devastating impact, and it's important to recognize that it does not only impact people with identified substance use disorders. Changes in the drug supply and trade have made substance use less safe for everyone.

The prevalence of fentanyl, and more recently, xylazine (a veterinary tranquilizer that is being added to many street drugs), compounds the risks of using opioids and all other types of illegally obtained substances. The majority of overdose deaths are preventable. Peers can help prevent overdose by educating ourselves and others in harm reduction (see Section 6 for harm reduction strategies).

Cannabis & Psychosis

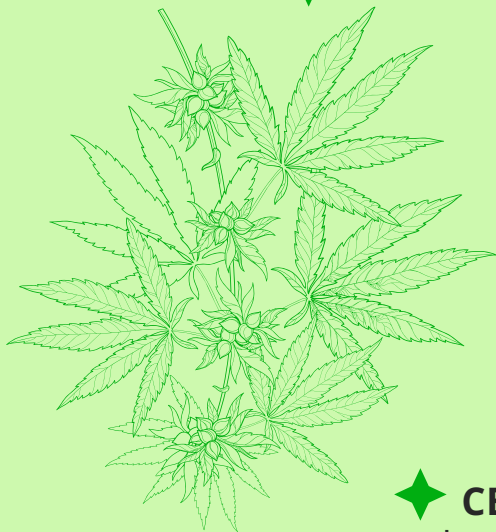
FACTS

Research has yet to establish a causal relationship between cannabis and psychosis, however it has shown that...

- ◆ Cannabis use increases risk for psychosis onset
- ◆ In recent years, cannabis has shown to contain significantly higher amounts of its psychoactive ingredient, **THC**
- ◆ **THC** use is associated with cognitive functioning problems
- ◆ Cannabis use among individuals with established psychosis disorders can make symptoms worse and trigger relapse



- ◆ The average age of onset for psychosis among cannabis users is 2.7 years younger than non-users
- ◆ Cannabis use in adolescence has been found to result in a loss of 6-8 IQ points that are not recovered in adulthood
- ◆ Ceasing cannabis use after a first episode of psychosis can improve recovery
- ◆ **CBD**, a non-intoxicating cannabinoid unlike THC, shows promise for improving psychosis symptoms



1,3:The contribution of cannabis use to variation in the incidence of psychotic disorder across Europe (EU-GEI): a multicenter case-control study—Forti et al., 2019

2,8:The Role of Cannabinoids in Neuroanatomic Alterations in Cannabis Users-Lorenzetti, Solowij, Yucel 2015

3:Cannabis and Psychosis: Search of a causal link-Bec et al., 2009

4:Cannabis use and Earlier Onset of Psychosis-Large et al., 2011

5,6:- Gone to pot- a review of the association of cannabis and psychosis- Radhakrishnan, Wilkinson, D'Souza, 2014

7:Persistent cannabis users show neuropsychological decline from childhood to midlife- Meier et al, 2012

OVERVIEW OF SUBSTANCES & SU EFFECTS

Psych Meds & Substance Use

A majority of young people in EPP programs are on prescribed medication, including meds for various psychiatric needs. Many Peer providers have personal experience with taking similar or the same medications. The effect of any substance varies significantly from person to person, as do the side effects.

While peers are not expected to provide medical advice, we can help young people by advocating for more information from prescribers and sharing resources about things like drug interactions and looking at what is a major vs. minor interaction, etc.—between both prescribed and non-prescribed substances. We can also help young people prepare so that they feel empowered to gather information from prescribers and participate in shared decision-making.

Explore further...

- Refer to the previous section on SU & Transition to Adulthood for more information about age and developmental considerations related to substance use.
- See section on Harm Reduction for tools and guidance on how to advocate, plan and build strategies for harm reduction with young people.
- Refer to the Resource List at the end of this toolkit for additional resources, groups and organizations focused on SU information, support and harm reduction

APPENDIX

RESOURCES FOR PEER PROVIDERS

Social Support & Groups

Peer-based support groups

(In-person & virtual)

12 Step (directories to specific meetings; young people, LGBTQIA+, etc.)

AA

Marijuana Anonymous

NA

Al-Anon

SMART Recovery (harm-reduction based)

Refuge Recovery (meditation-based)

Peer Support Organizations

National Association of Peer Supporters (NASP)

Hey Peers

Virtual Communities & Apps

The Phoenix

Harm Reduction Organizations

Harm Reduction Alliances

Overdose Prevention Resources

Naloxone & Narcan

Drug Testing & Safer Supply Kits

Dance Safe

National Resources

[SAMHSA helpline](#)

[Find a treatment facility](#) or mental health and/or substance use disorders in your area

NIH

SAFE Project

[National Practice Guidelines](#)

SU Information & Resources

Dance Safe

Drug interaction checker

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PEER APPROACHES TO SUBSTANCES

for Early Psychosis Programs
(PAS-EPP)

A TOOLKIT
FOR CSC PEER PROVIDERS

2023