

Using Hard-Won Wisdom to Help Others Coping With Opioid Addiction: An Interview With Three Peer Recovery Coaches

In addition to commissioning a [qualitative study](#) of peer recovery coaches, FORE is funding a number of organizations that employ people with lived experience of addiction and recovery in innovative ways. We spoke with peers at three of those organizations to learn more about their work and what would make them even more successful. Each works with a different population. In Miami, Chetwyn “Arrow” Everard Archer II helps to increase uptake of medications for opioid use disorder (MOUD) in two Black communities through the IDEA Exchange, Florida’s first legal syringe exchange program. Emily Hash works for Ballard Health — a health system serving 29 counties in Kentucky, North Carolina, Tennessee, and Virginia that helps to link people with opioid use disorder (OUD), including those leaving local jails, to treatment programs, recovery meetings, and organizations that can help with food, clothing, and shelter. And at UC Davis Medical Center in California, Tommie Trevino links emergency department patients to outpatient OUD treatment as part of the Public Health Institute’s California Bridge initiative. We are grateful to each of them for sharing their experiences.

Chetwyn “Arrow” Everard Archer II, 61, is a peer specialist for the IDEA Exchange in Miami, which in addition to harm reduction offers on-demand OUD treatment. Archer began experimenting with drugs at age 9 and was a “functional addict” until 2015, when he was introduced to fentanyl. His life spiraled out of control and he lost his job and home. While on the streets, he turned to the IDEA Exchange for clean needles and medical care. The staff saved his life, reviving him with Narcan when he overdosed and convincing him to go to long-term detox, with the promise of a job if he maintained his sobriety.

What’s your job like?

Archer: I spend about 40 hours a week handing out needles and talking to people about detox. The first thing I tell them is “when you are ready,” because no one can convince you that it’s time for you to stop — not your mother, your father, or your children. It’s the pain that’s involved with the stopping that scares a lot of people away. I tell them a couple of days of pain is worth getting better. It’s better than years of suffering.

Why do you think you're able to make a difference in people's lives?

Archer: People trust me and know that I'm not going to lie to them. Ninety percent of the people who come to the window of the IDEA Exchange, I've either shot dope with or sold dope to. They are amazed that I've actually gotten clean because I was really bad while I was out there. I was violent, extremely violent, and always high. But I also helped people when they got sick, and they remember that. Even before I started this job, I was known for rescuing people with Narcan. I've saved 160 people, one of them the day before yesterday, and there are 11 that I've helped get into detox. Three of them are still clean.

What do you think would make the system function better?

Archer: Making treatment more accessible. When people decide to stop, you have to be able to get them into treatment immediately because telling them to come back tomorrow is dangerous: they may decide to get as high as possible before going into treatment or lose the incentive to stop. The other thing that's important is treating people with respect. I used to say I'd have to be practically dead before I'd go to the E.D. because I didn't like how I was treated by doctors. My advice to them is to just treat people like people. Those with addiction are often self-medicating so don't treat them any different than you would someone with another ailment.



Chetwyn "Arrow" Everard Archer II got a tattoo of IDEA Exchange, an organization he credits with saving his life

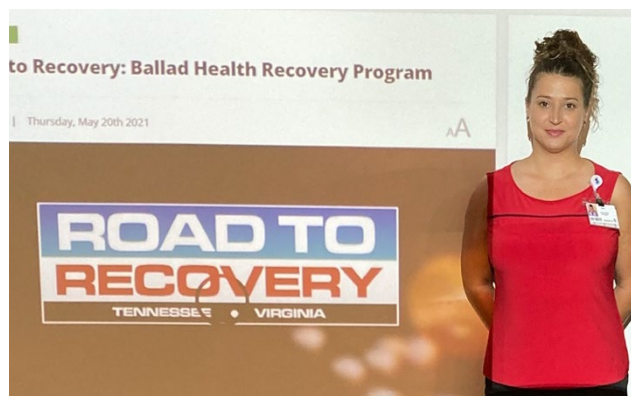
Emily Hash, 31, a recovery community navigator with Ballad Health, grew up poor in an Appalachian town in Virginia where she says people made their living growing Christmas trees or selling drugs. She began using drugs around age 12 — trying everything from marijuana and methamphetamines to opioids. She was still a standout student and went to college but dropped out after getting pregnant and spent the next 10 years in and out of correction and rehab facilities. Being sent to prison in 2016 for multiple drug charges turned her life around. After she was released, she went through the [Recovery Opportunities and Pathways to Employment Success](#) program, which eventually led to her being hired by Ballad Health. In addition to staffing a PEERhelp telephone warmline that links people to treatment and recovery programs, the health system has been partnering with jails to ensure that detainees have access to supports once they are released.

What do you like about your job?

Hash: It's a way for me to take all of the bad and turn it into something good. When I am talking to people, I can connect with them because I know what it's like to live in rural areas where there aren't a lot of resources or recovery supports. People think there is no way out. I love sharing my experience and encouraging people who are struggling with the same things I struggled with. I've been to every rehab clinic this side of the Mason-Dixon line. I know how to navigate food stamp programs, local food banks, Medicaid, and applying for skills training programs, and can give them hope.

What do you do day to day?

Hash: I'm running a Second Chance employment program in the Johnson County, Tenn., jail, which is in Mountain City. My main focus is helping people when they're re-entering society not only find employment, but other resources they need to be successful, whether it's recovery programs, or clothing or transportation. I'm finding some of the younger people who are coming out of incarceration need help navigating things like enrollment in Project Access (a program for the uninsured) and getting doctor's appointments and knowing the right questions to ask. A lot of people are confused and nervous once they are released. Fortunately, a lot of employers are realizing how vastly underutilized people who have been incarcerated are. They are willing to show up and work hard.



Hash says by helping people get jobs and access to medical services, “we are not just changing adults’ lives, we’re changing children’s lives as well.”

How has the job changed your life?

Hash: When they told me I had the job, I was so excited it felt like my chest was caving in. I was working as a waitress and worked six days a week, long hours. When I went to work for Ballad, I got benefits, including dental insurance and paid time off. Before that, I had to scrounge and scrape to take a break and ended up with so many bills. The job has also strengthened my own recovery, creating stability and a sense of purpose. It's made life so much better for me and my children. By me having a better career, I think my children are going to be more successful. That's part of what motivates me. In a lot of the situations, it's not just life and death for the individual, but their children also.

Tommie Trevino, 63 and a substance use navigator and supervisor, got into drinking and using drugs while growing up on a farm Caruthers, Calif., with a mother who had a serious mental illness. He got clean at 34 but relapsed a few years later and ended up living on the streets in Oregon. He began reading up on addiction at the local library, which helped him understand the emotional swings he was experiencing and remain on a course he set for himself to get sober. After becoming a certified drug and alcohol counselor, he got a job as part of the California Bridge initiative in UC Davis Medical Center's ED, where he is one of the first points of contact for patients who are suffering from withdrawal from drugs or alcohol.

You mentor a lot of people who become substance use navigators in EDs. What advice do you give them?

Trevino: The most important thing I share with future navigators is you're going to be bullied by staff. It could be doctors, nurses, social workers, anyone. And sure enough, they will call me after a couple of weeks and say, "Tommie, you were right. I got bullied by the security guard." I always tell them to ride it out; it will get better. When I started, I had social workers who would tell me, "You and your chickenshit program need to get out of here." Over time, people could see I was helping people. Now I have nurses and social workers come to me to ask advice about a son or a grandchild who is struggling. I started helping them confidentially and now, six years later, they invite me to lunch, they bring me food. It's totally changed.

How would you describe your approach with patients?

Trevino: I'll pull up a chair and say, "My name is Tommie. Can I talk to you?" When people come into the emergency department, it's one of the worst days of their life. I've been there. I know it's shameful and embarrassing and everything else that goes with it. I just try to lift them up so by the time they leave the hospital, they are feeling like they have a chance to get their lives back and stop their addiction. I give them hope. I spent an hour and half with the first person I talked to. He said he wanted to go to treatment and the facility picked him up. I just keep helping people. They tell me about 80 percent of the people I talk to don't come back to the ED.

What about people who aren't quite ready for treatment?

Trevino: I do a lot of harm reduction. I'll say instead of five bottles of wine a day, let's cut back to three or two. If someone doesn't want to stop shooting up heroin, I'll say let's use clean needles. I always give my card with my phone number. It might be two, or three, or six months later — eventually I get a call.

If you could change the system so it worked better for people, what would you do?

Trevino: We need more inpatient facilities for care. The county wants to push outpatient treatment all day long but how are people going to get there? They are hungry for one. They don't have transportation and the last thing on their mind is going to a meeting or an outpatient program. What they need is a place where they can get cleaned up and feel like a human being again. You need a few weeks for your mind to clear up off the drug you're putting in your system. It was like that for me. One day, after months and months of living in my friend's garage, I woke up and it was like someone had turned on the light. I looked back at the nightmare journey and thought what the heck was that? I wanted to share that with every addict in the world to give them hope.



Trevino went to work at UC Davis as a substance use navigator as part of a pilot program in 2015. There are now 250 navigators working in EDs across the state.