

Background and Purpose

In 2021, approximately 3.7 million US adolescents had a substance use disorder (SUD).¹

Adolescents with SUD face unique challenges due to the risk of impaired neurological development, potentially resulting in memory and self-regulation issues.^{2,3}

Given the challenges associated with treating adolescents with SUD, there is a need for effective recovery models that help adolescents engage in long-term recovery.³

Alternative Peer Groups (APGs) are a promising adolescent recovery support model, incorporating recovery peers and prosocial activities into evidence-based clinical practice.²⁻⁴

APGs along with recovery high schools and youth-centered SUD support groups, are integral parts of the adolescent recovery-oriented system of care.²



Figure 1. Key elements of the Alternative Peer Group model. Adapted from: Association of Alternative Peer Groups (AAPG-Recovery.com; Collier C et al., 2014)

Methods

An online survey was conducted to understand the key features and services that are integral to an APG.

Respondents comprised people working in APGs including program directors, CEOs, clinical coordinators, and recovery coaches. Informed consent was obtained from participants. One respondent per APG participated in the survey.

Data collection was conducted through Qualtrics. The survey comprised sections covering various aspects of APGs, including demographic data, APG services, funding, and membership. The survey also included questions pertaining to the various services offered by APGs, including support groups, counseling, education, vocational training, and more.

Data analysis was conducted using STATA v.17.0.

Results

Of the participants representing 36 APGs, 30 consented, and their responses were analyzed.

All 21 participants who responded to a question about their perceptions of service provision, perceived staffed adolescent support groups, peer role modeling, supervised social activities, and linkages to psychological services as important/very important.

Approximately, 95% considered mental health counseling, 90% considered substance use dependence screening, and 86% considered mental health screening, Narcan training/distribution, linkages to recovery high schools as important/very important.

Only 64% of them offer SUD screening, 55% offer mental health screening, Narcan training/distribution, and linkages to recovery high schools, and 41% offer mental health/psychological counseling.

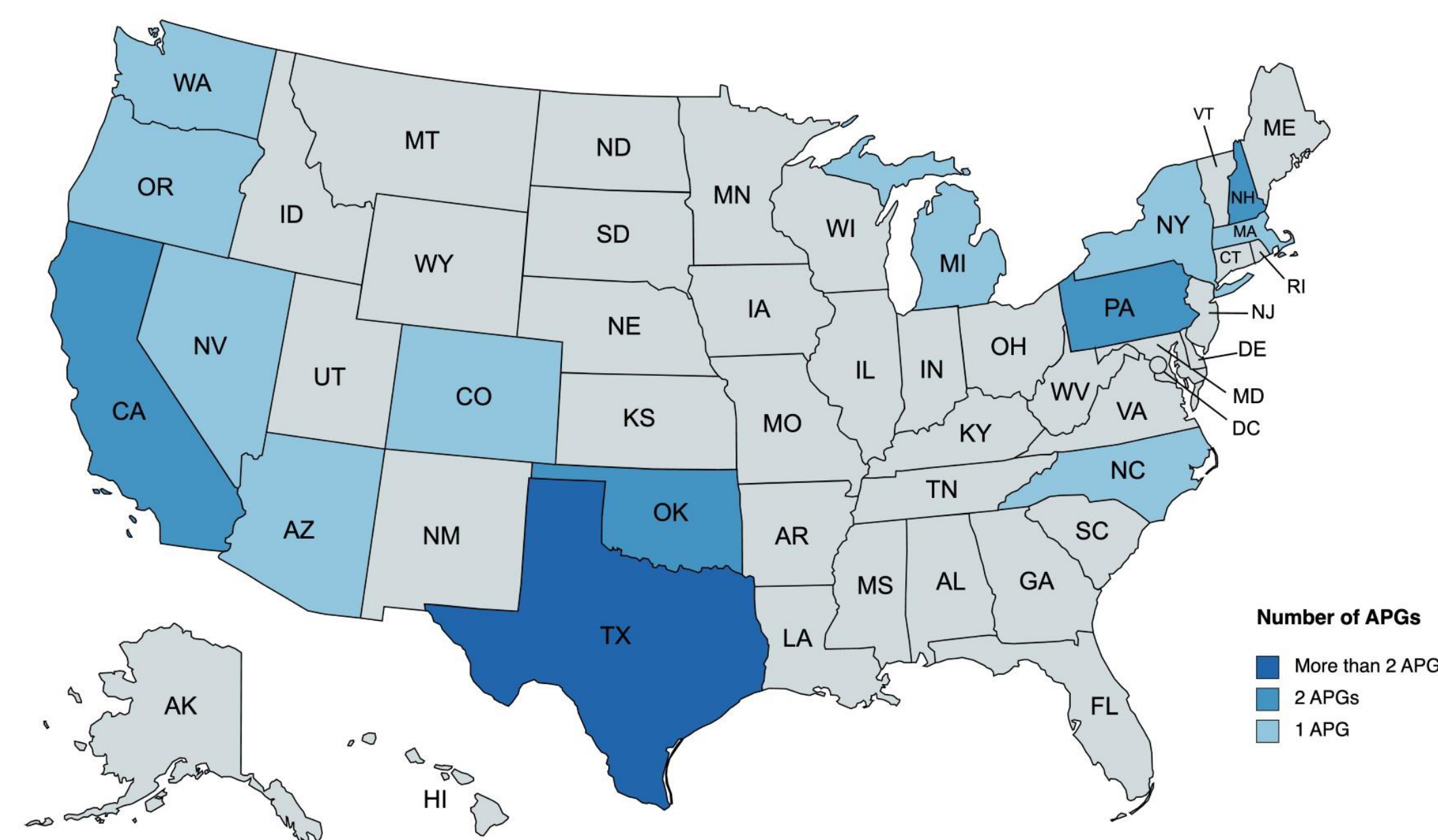


Figure 2. Number of APGs across US states

Results (continued)

Table 1: Socio Demographic Characteristics of the Participants (N=30)

Characteristic	Count (Percentage)
Age (years), mean ± SD	44.93 ± 12.49
Sex (%)	
Female	15 (50%)
Male	15 (50%)
Race/Ethnicity (%)	
White	25 (65.79%)
Black/African American	3 (7.89%)
Hispanic	10 (26.32%)
Level of education (%)	
Grade 12/High School graduate	2 (6.90%)
Graduate school degree	14 (48.28%)
Some college or technical school	5 (17.24%)
Technical school completion/certificate	1 (3.45%)
Associate degree	1 (3.45%)
Bachelor's degree	6 (20.69%)
Employment status (%)	
Employed full time (Paid)	16 (64%)
Employed part time (Paid)	1 (4%)
Employed full time (Unpaid)	3 (12%)
Employed part time (Unpaid)	3 (12%)
Current certification status (%)	
Peer recovery support specialist/recovery coach	6 (24%)
Licensed in counseling/therapy	11 (44%)
Other: certified addiction counselor	1 (4%)
Previous certification status (%)	
Licensed in counseling/therapy	1 (4%)
People in recovery (%)	20 (86.96%)
Location of APG	
Recovery high school	4 (17.39%)
Within a church	3 (13.04%)
Community center/community organization	6 (26.09%)
Offices of a for-profit business	2 (8.70%)
Co-located with another organization	5 (21.74%)
Other	3 (13.04%)

Table 2: Perceived Importance of Various Services vs Services Currently offered by APGs

Services	Considered important/very important	Depiction chart	Offered	Depiction chart
Staffed adolescent support groups/meetings	21 (100%)	[Bar chart]	21 (95.45%)	[Bar chart]
Positive peer role modeling	21 (100%)	[Bar chart]	21 (95.45%)	[Bar chart]
Supervised social activities	21 (100%)	[Bar chart]	22 (100%)	[Bar chart]
Linkages to psychological services	21 (100%)	[Bar chart]	22 (100%)	[Bar chart]
Relapse prevention education and support	20 (95.24%)	[Bar chart]	21 (95.45%)	[Bar chart]
Mental health or psychological counseling	20 (95.24%)	[Bar chart]	12 (54.55%)	[Bar chart]
Linkages to juvenile justice	20 (95.24%)	[Bar chart]	15 (68.18%)	[Bar chart]
Family counseling	20 (95.24%)	[Bar chart]	16 (72.73%)	[Bar chart]
Physical activities	20 (95.24%)	[Bar chart]	19 (86.36%)	[Bar chart]
Individual alcohol/drug counseling	20 (95.24%)	[Bar chart]	18 (81.82%)	[Bar chart]
Linkages to outside services (referrals from or to the service but not part of your program)	20 (95.24%)	[Bar chart]	21 (95.45%)	[Bar chart]
Substance use dependence screening and progress monitoring	19 (90.48%)	[Bar chart]	14 (63.64%)	[Bar chart]
Linkages to treatment facilities	19 (90.48%)	[Bar chart]	20 (90.91%)	[Bar chart]
Linkages to community 12-step/mutual aid group meetings	19 (90.48%)	[Bar chart]	21 (95.45%)	[Bar chart]
Staffed parent support groups/activities	19 (90.47%)	[Bar chart]	18 (81.82%)	[Bar chart]
Process or skills group counseling	18 (85.72%)	[Bar chart]	18 (81.82%)	[Bar chart]
Linkages to recovery high schools	18 (85.71%)	[Bar chart]	12 (54.55%)	[Bar chart]
Community service activities	18 (85.71%)	[Bar chart]	18 (81.82%)	[Bar chart]
Mental ill-health screening and progress monitoring	18 (85.71%)	[Bar chart]	12 (54.55%)	[Bar chart]
Narcan training and/or distribution	18 (85.71%)	[Bar chart]	12 (54.55%)	[Bar chart]
Participation in expressive arts	18 (85.71%)	[Bar chart]	18 (81.82%)	[Bar chart]
Case management	17 (80.96%)	[Bar chart]	14 (63.64%)	[Bar chart]
Retreats or wilderness trips	17 (80.96%)	[Bar chart]	12 (54.55%)	[Bar chart]
Linkages to medical services	17 (80.96%)	[Bar chart]	10 (45.45%)	[Bar chart]
After school programming	17 (80.95%)	[Bar chart]	12 (54.55%)	[Bar chart]
Linkages to public schools	17 (80.95%)	[Bar chart]	14 (63.64%)	[Bar chart]
Recovery coaches by young adult staff (ages 18-26)	16 (76.19%)	[Bar chart]	13 (59.09%)	[Bar chart]
Staffed sibling support groups/activities	16 (76.19%)	[Bar chart]	5 (22.73%)	[Bar chart]
Multi-family group counseling	16 (76.19%)	[Bar chart]	13 (59.09%)	[Bar chart]
Spiritual guidance	16 (76.19%)	[Bar chart]	14 (63.64%)	[Bar chart]
Residential treatment	15 (71.43%)	[Bar chart]	3 (13.64%)	[Bar chart]
Intensive outpatient treatment	15 (71.43%)	[Bar chart]	6 (27.27%)	[Bar chart]
APG-run school	15 (71.43%)	[Bar chart]	4 (18.18%)	[Bar chart]
APG services provided within a school district or campus	15 (71.43%)	[Bar chart]	7 (31.82%)	[Bar chart]
Social services/basic needs assistance	15 (71.43%)	[Bar chart]	11 (50%)	[Bar chart]
Educational assistance	15 (71.43%)	[Bar chart]	12 (54.55%)	[Bar chart]
Recovery coach by youth staff (ages 12-17)	13 (61.91%)	[Bar chart]	13 (59.09%)	[Bar chart]
Drug/alcohol testing	13 (61.91%)	[Bar chart]	11 (50%)	[Bar chart]
Support for medication assisted treatment	13 (61.9%)	[Bar chart]	8 (36.36%)	[Bar chart]
Unsupervised social activities	12 (57.15%)	[Bar chart]	5 (22.73%)	[Bar chart]
Smoking cessation support	12 (57.14%)	[Bar chart]	5 (22.73%)	[Bar chart]
Vocational training or placement	11 (52.38%)	[Bar chart]	3 (13.64%)	[Bar chart]
Child-care services	9 (42.86%)	[Bar chart]	1 (4.55%)	[Bar chart]

Majority of participants (n=16) mentioned that their APG accepts donations or raises funds through a non-profit organization. Nine APGs offer services at no cost to youth and families who cannot afford to pay. A smaller number (n=4) accept payments as for-profit organizations. There are three APGs that operate on an income-based sliding scale to make their services affordable to a range of families.

Conclusion

A noticeable incongruity exists between perceived significance of services and their effective implementation within APGs. This underscores a compelling need to increase funding for practitioners, conduct additional research to substantiate the effectiveness of APGs, and take steps to list APGs into SAMHSA's evidence-based practice directory.

References

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