Take the hand that reaches out: Examining the relationship between referral source and treatment admission within peer-delivered mobile crisis services

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Introduction

The addiction crisis has led to devastating effects across the United States. Persons suffering with substance use disorder (SUD) exist in every socioeconomic class, ethnicity, and age group. Drug overdose deaths continue to rise every year (Hedegaard et al., 2021). The severity of withdrawal symptoms and post-acute withdrawal symptoms make medical detox and professional treatment services vital to achieving positive outcomes when working with a person who has SUD. A combination of stigma, fear of detox and the compulsive nature of addiction are just some of the reasons individuals with SUD often struggle to reach out for these services. Oftentimes it is family members, significant others or other members of an individual's social support network that initially seek to connect someone they care about to SUD-related services.

For years, the prevailing belief among providers and resource brokers has been that in most cases individuals will only follow up with and engage in treatment services if they themselves reach out. Because of this belief, rooted almost solely in anecdotal evidence, some organizations or staff may be reluctant or outright refuse to engage with third parties inquiring about treatment services for someone else. This is despite a body of evidence that highlights the important role social support networks and social capital play in successful SUD prevention and recovery (Munton et al., 2014).

Peer recovery specialists working in crisis call centers, community outreach, admissions departments and other environments that serve as resource centers, are often first points of contact for people looking for addiction treatment services. As such, they often field inquiries from family and friends of those suffering from SUDs. It is thus important to try to understand the efficacy of primarily engaging with third parties versus engaging with persons suffering from SUD directly. This study therefore poses the following research question: are people who engage with peers seeking services for themselves more likely to enter treatment than those whose social support networks engage peers to seek services for them?

Method

To answer this question, this study analyzed secondary, de-identified, data collected by Peer Recovery Services attached to Harford Crisis Response. Harford Crisis Response is a local mobile crisis hotline located in Harford County, Maryland. Participants were individuals who requested SUD treatment services through the 24-hour crisis hotline or the mobile crisis team, or opioid overdose survivors referred by emergency medical services.

Once this data was collected and initially analyzed it was evident that clients referred by EMS for opioid overdose were skewing the data. Unlike all the other participants, EMS referrals were not seeking recovery resources and most often peers were not able to establish contact with them at all. So, we excluded EMS referrals from the data analysis, which brought our initial

sample size of 199 down to 121. We initially grouped our participants based on five categories: self, parent, other family, significant other and others. The numbers in each of the four categories besides self were too small to lend themselves to meaningful analysis (Table 1), so they were combined to one category and then compared to the self-referred group.

Results

Of the 121 clients seeking treatment resources, 38% went to treatment. Of the 80 clients seeking treatment for themselves, 33.8% resulted in a successful admittance to treatment and of the 41 clients making up all other categories seeking treatment resources, 48.8% resulted in a successful admittance to treatment (Table 2).

Table 1

Percentages of Clients Who Went to Treatment by Referral Source (Five Categories)

Referral Source	Didn't go to treatment	Went to treatment	Total	Percentage went to Treatment
Self	53	27	80	33.8%
Parent	9	7	16	43.8%
Other family	6	6	12	50.0%
Significant Other	2	6	8	75.0%
Other	4	1	5	20.0%
	74	47	121	

Table 2

Percentages of Clients Who Went to Treatment by Referral Source (Two Categories)

Referral Source	Didn’t go to treatment	Went to treatment	Total	Percentage went to treatment
Self	53	27	80	33.8%
Not Self (All Others)	41	20	41	48.8%

There was no statistically significant difference in successful treatment admission between clients seeking treatment for themselves and those who were seeking resources for someone else. Post-hoc analysis revealed that for a well-powered study, a sample of about 200 more people would have been required.

Discussion

While not statistically significant, these results do carry clinical significance. Munton and colleagues (2014, p. 37) explain the vital relationship between SUD, social support, and recovery, which results from this study reinforce:

> The research literature on substance abuse treatment has consistently reported evidence to support the view that the relationships people maintain with their families, friends and other social contacts are critical to understanding why people start to abuse drink and drugs, why they persist to the point of addiction, and how they respond to treatment designed to move them to abstinence.(Munton, Wedlock & Gomersall 2014 pg. 37)

Despite this knowledge about the important role that relationships play in the recovery of people with SUD, many individuals and organizations are reluctant or refuse to fully engage with other people seeking services on their behalf. People often assume that because they are not reaching out directly that individuals have no real desire to engage in treatment. The truth is there are many reasons a person might not be able to reach out themselves. Some reasons include anxiety, depression, no access to reliable communication or transportation, or cognitive impairment. If providers are being honest with themselves, they can't know why that person isn't engaging with them directly, and assuming the reason that casts them in the most negative light is in direct conflict with client or patient oriented systems of care.

Professionals may find it more difficult to deal with a loved one or friend than the individual who needs treatment directly and when services are provided to these social supports, it is largely focused on referral source's own self-care. While this is important, an effort to help people develop the skills to support those in their lives with SUD, who often face barriers to seeking treatment, may lead to numerous positive outcomes. This shift might not only lead to more people admitted to treatment, it may also provide a better message of hope to the family than currently offered advice that often amounts to telling them that their loved one hasn't suffered enough if they aren't willing to initiate contact on their own.

The authors of this research were not able to find many studies on what outside factors may contribute to successful referral to treatment. While the numbers across the five categories (Table 2) were too small to support meaningful analysis they do perhaps point us towards other useful questions to be asked in further studies around what outside factors may contribute to successful treatment referrals. Some examples are, Does the person with SUD live with the

person reaching out on their behalf? Are they financially dependent on them? Does it matter if third-party callers reach out per the request of the person with SUD or on their own volition? Does previous treatment knowledge or exposure make a difference?

One weakness of this study is that because the research project was designed after the fiscal year began, some early documentation may have been lacking in clarity and peer interactions with families early on may not have been as involved as they were with SUD clients directly. It is also obvious that a larger study that controls for more factors, including the level of PRS support offered, is needed.

A multitude of factors can lead to someone not being able or willing to reach out for treatment services themselves. Given what we know about the important role social capital plays in successful recovery we need to be ready and willing to fully engage with anyone reaching out seeking treatment services whether those services are for themselves or for someone they care about.

Peer work is often touted as meeting people where they are at. If where a person is at is someone else reaching out to find or engage resources for them, at their request or not, then we can't refuse to engage with that person and claim we are meeting people where they are at. In simplest terms we should not hesitate to take the hand that is reaching out.

References

Hedegaard H., Miniño, A.M., Spencer, M.R., Warner, M. (2021 December). Drug Overdose Deaths in the United States, 1999–2020 National Center for Health Statistics. https://www.cdc.gov/nchs/products/databriefs/db428.htm

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