

Bureau of Justice Assistance (BJA)

Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP)

Non-Law Enforcement Responses to the Opioid Crisis

Introduction: The Problem and Its Scope

In 2013, in response to an alarming increase in the number of overdose deaths, which was driven by the use of synthetic opioids, law enforcement agencies and other first responders began to collaborate with community-based treatment and service providers to rapidly engage individuals with opioid use disorders (OUDs). Following a brief decrease in the number of drug overdose deaths from 2017 to 2018, the highest number of overdose fatalities in a 12-month period was recorded between 2019 and 2020, an increase of 38.4 percent from the same time frame the year prior.¹ The number of overdose fatalities appears to have been exacerbated by the COVID-19 pandemic, highlighting the need to redouble intervention efforts.

First Responder/Non-Law Enforcement Deflection

The opioid epidemic highlights a problem for first responders: they are frequently tasked with responding to repeated overdoses by the same individuals and feel powerless to stop the cycle of addiction. Fire department and emergency medical services (EMS) personnel are often

left with no options other than administering naloxone or relying on emergency departments to address an emergency, leaving individuals without access to long-term care. These challenges prompted a paradigm shift toward deflection—the practice by which first responders (i.e., fire, EMS, law enforcement officers) connect individuals who have substance use, mental health, or addiction issues to community-based treatment and services as an alternative to making an arrest or taking no action.²

In 2014, the Center for Health and Justice (CHJ) at Treatment Alternatives for Safe Communities (TASC) developed the first iteration of the Five Pathways of Deflection. Deflection programs are multidisciplinary partnerships that consist of a first responder and a community-based service partner who reach out to individuals with substance use disorders (SUDs) and other needs to offer connections to substance use and mental health treatment, resources, and wraparound services. Each pathway offers unique ways to identify clients and provide them with services that are tailored to community-specific issues, such as SUD, OUD, mental health disorder, and homelessness.

According to a national survey of first responder deflection (FRD) programs conducted in 2020, almost 75 percent of FRD programs are led by law enforcement agencies, whereas 15 percent are led by fire and/or EMS departments.³ Despite this disparity in representation, fire and EMS departments have played a critical role in the development of programs that have become national models, some of which are highlighted below. In light of the civil unrest and calls for justice reform that occurred in 2020, interest has grown in expanding the availability of responses to behavioral health incidences in the community that do not involve law enforcement personnel. The number of these programs is likely to increase significantly in the future.

Self-Referral Pathway

Programs in the Self-Referral Pathway allow individuals with SUD to voluntarily enter a police department (without fear of arrest) or fire station and ask to be linked to treatment. Programs in this pathway that are led by fire and EMS are called “Safe Stations.”

Anne Arundel County, Maryland

The Safe Stations program⁴ in Anne Arundel County, Maryland, began in 2017. Through this program, all firehouses and police stations are designated as Safe Stations and are open 24/7. An individual can walk into any of these departments to request assistance in connecting to treatment and services. Fire personnel conduct a medical assessment to rule out any emergency medical issues and contact members of the county’s Crisis Response Team (CRT) to alert them that there is a Safe Stations client. CRT clinicians help the client with treatment placement, and care coordinators assess the individual’s longer-term needs and goals, working with the client for whatever period is deemed appropriate.

Naloxone Plus Pathway

In the Naloxone Plus Pathway, a co-responder team comprising a first responder and a program partner (usually

a behavioral health specialist or a peer specialist) conducts outreach specifically to individuals who have experienced a recent overdose to engage them and provide linkages to treatment.

Huntington, West Virginia

Huntington, West Virginia, the largest city in Cabell County, started its countywide Quick Response Team (QRT) in 2017 to address the unprecedented number of overdoses in the county. At the peak of the crisis in August 2017, nearly 200 individuals overdosed in one month, an average of six people per day.

Within 24 to 72 hours of an overdose event, a group of QRT members—which may include EMS personnel, law enforcement officers, treatment providers, and faith leaders—visits individuals who have overdosed. Individuals are identified through the county’s EMS data.

Officer Prevention Pathway

In the Officer Prevention Pathway, a co-responder team conducts engagement and provides treatment referrals during calls for service or while out in the community. Typically, these calls for service do not involve criminal activity or may be related to low-level behavioral health incidents.

Denver, Colorado

Within the last few years, the population of Denver, Colorado, has grown significantly, concurrent with a 13.2 percent increase in mental health-related calls against a prior three-year average. This led the city to develop an innovative program to respond to these calls—the Support Team Assisted Response (STAR) program. STAR was created as a non-police response to lower-level risk calls where no weapons or threats to public safety exist. Denver’s centralized dispatch office uses a decision tree to determine the nature of the call and the appropriate team to dispatch. Potential responses include:

- ◀ A traditional law enforcement response for criminal activity.
- ◀ A co-responder response for a behavioral health crisis with a potential threat to public safety (includes a law enforcement officer).
- ◀ A STAR program response for behavioral health-related calls with lower risk levels.

The STAR team includes a mental health professional, a substance use/peer navigator, and a paramedic. The goals of the response are to de-escalate the situation if needed and engage the individual in community-based services to address his or her behavioral health needs.

EMS Specialization

Contra Costa County, California

As a health entity, EMS has options outside of the previously discussed pathways. EMS personnel are able not only to administer naloxone to revive an individual from overdose, but also to initiate medication-assisted treatment (MAT) in the field to start an individual on a path to recovery.

A program in Contra Costa County, California, highlights EMS-initiated MAT induction. In Contra Costa County, qualified paramedics are able to evaluate a post-naloxone or opioid withdrawal patient for OUD. Using the Clinical Opioid Withdrawal Scale (COWS), the paramedic assesses the patient based on signs and symptoms. If the patient receives a COWS score of 7 or more, EMS calls the designated program physician. If the physician agrees with the assessment, the paramedic administers the first dose

of buprenorphine. At that point, the paramedic informs the patient that a navigator from the county's health department will be in contact within 72 hours to offer further treatment and service linkages.

Conclusion

The programs highlighted above exemplify deflection initiatives that enable fire and EMS personnel to go beyond naloxone administration and reliance on emergency departments and to actively link individuals to treatment and services. Deflection programs offer a promising alternative to traditional justice system responses and demonstrate that a collaborative approach involving community-based organizations can create pathways to treatment and recovery.

Endnotes

1. Centers for Disease Control and Prevention. (2020). *Overdose Deaths Accelerating During COVID-19*. <https://www.cdc.gov/media/releases/2020/p1218-overdose-deaths-covid-19.html>
2. Deflection varies from a commonly used term, "pre-arrest diversion." Pre-arrest diversion is the practice by which law enforcement officers connect individuals who otherwise would have been eligible for charges to community-based treatment and/or services in lieu of arrest, thereby diverting them from the justice system into the community. Definitions from CHJ at TASC.
3. *Report of the National Survey to Assess First Responder Deflection Programs in Response to the Opioid Crisis. (2021)*. Conducted by CHJ at TASC and NORC at the University of Chicago for BJA's COSSAP. https://www.cossapresources.org/Content/Documents/Articles/CHJ-TASC_Nation_Survey_Report.pdf
4. The Safe Stations model originated in Manchester, New Hampshire. Both Manchester's and Anne Arundel's self-referral programs are highlighted in the COSSAP publication *Law Enforcement and First Responder Diversion Pathways to Diversion Case Studies Series: Self-Referral*. https://www.cossapresources.org/Content/Documents/Articles/CHJ_Pathways_to_Diversion_Self-Referral.pdf

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