

Bureau of Justice Assistance (BJA)

Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP)

Fire-led First Responder Deflection: Spotlight on Anne Arundel County, Maryland, and Tucson, Arizona, Fire Departments

January 2024

The opioid epidemic has been ravaging communities across the United States for years, negatively impacting friends and families, contributing to the mental health challenges that first responders struggle with, and straining health care systems' resources. Fire departments, as first-line responders, see the impact of opioid use disorder (OUD) firsthand. Both Anne Arundel County, a suburban county in Maryland on the outskirts of Baltimore and Washington, D.C., and Tucson, the second-largest city in Arizona, have experienced the challenges of opioid use in their communities and have implemented first responder deflection programs in their fire departments to support individuals with opioid and/or other substance use disorders (SUDs).

Anne Arundel County Fire Safe Stations

The Anne Arundel County Fire Department (AACFD) comprises 31 fire stations covering 588 square miles and protecting nearly 600,000 people. In 2016, the department reported a 66 percent increase in opioid-related responses and a 68 percent increase in Narcan administration compared to the previous

year. This resulted in decreased unit availability, increased response times, and increased costs as the fire department shifted resources to accommodate the increasing service demands.

The deadly impact of this opioid epidemic came to the forefront over the weekend of March 7, 2017, when Anne Arundel County experienced 16 opioid overdoses in 18 hours, 3 of which resulted in fatalities. Two weeks later, key stakeholders in the county's opioid response strategy convened a meeting to find an innovative approach to solve the ongoing crisis. This meeting included representatives from the state's attorney's office, the health department, and the mobile crisis response, as well as the Anne Arundel County and Annapolis, Maryland, fire and police departments (located within Anne Arundel County, Annapolis is an independent city and is the county seat as well as the state capital). The stakeholders looked at various program models designed to support residents experiencing OUD, including the Police Assisted Addiction and Recovery Initiative (PAARI); the Angel program, originally launched by the Gloucester, Massachusetts, Police Department; and the Safe Station program, developed by the Manchester,

New Hampshire, Fire Department. On March 22, 2017, the stakeholder group elected to implement the Safe Station model in Anne Arundel County. Because of the dire circumstances, the county stakeholders decided on an ambitious implementation date of April 20, 2017. In the brief time leading up to the start date, the stakeholder group approved an overall policy governing Safe Station program operations as well as internal policies outlining the role of each component/partner agency.

The AACFD announced the Safe Station program at the Brooklyn, Maryland, Fire Station on April 20, 2017. The premise behind Safe Station was simple: every Anne Arundel County and Annapolis fire and police station would be designated as a safe environment for individuals seeking assistance to start their path to recovery from heroin/OD. An Anne Arundel County resident could go to any fire or police station at any time of day or night and speak to the personnel on duty. Station personnel and program staff, working in close partnership with the Anne Arundel County Crisis Response System, the health department, and the state’s attorney’s office, would then connect the individual seeking help to the necessary detoxification resources.

The program’s official launch received local media coverage and was live streamed on Facebook. Just 50 minutes after the announcement, the first resident came to the Brooklyn Fire Station seeking help. This Safe Station client was just the first of 408 people to seek help in 2017, and as word of the program’s success—nearly 80 percent placement for Safe Station clients and 60 percent still in recovery 12 months later—has circulated in the communities affected by SUD, that number has grown to nearly 6,500 clients in just over 6 years.

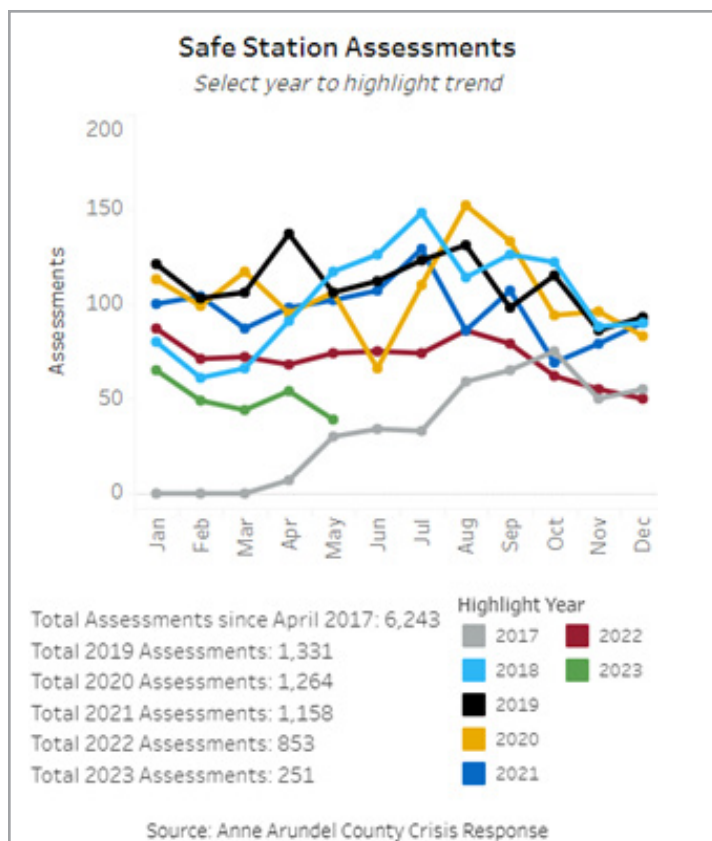


Figure 1: Graph showing the number of Safe Station assessments by month over the last 7 years

As Anne Arundel County moves through the Safe Station program’s sixth year, data compiled by the Anne Arundel County Police Department show some correlation between program usage and a subsequent reduction in the surge of OUD and opioid-related deaths.

County stakeholders will continue to evaluate and support programmatic evolution to improve service delivery to the public. The fight against opioid addiction is not over, nor are the fire department’s efforts to impact the community positively.

YEAR	SAFE STATION CASES	OVERDOSES	FATAL OVERDOSES
2016	N/A	865	109
2017	385	967	144
2018	1,206	947	154
2019	1,090	727	127
2020	1,233	838	150
2021	1,158	837	157
2022	853	702	122

Figure 2: Chart listing the number of Safe Station assessments, opioid overdoses, and fatal opioid overdoses over the last 7 years

Tucson Collaborative Community Care Team

According to the Centers for Disease Control and Prevention, more than 110,000 Americans died from opioid overdoses in 2022¹ alone and although naloxone has proved to be a critical resource to first responders for reversing opioid overdoses and reducing mortality rates, studies show that 10 percent of the patients who receive naloxone from emergency medical services (EMS) in this country will still succumb to opioid-related mortality.²

Tragically, Arizona witnesses an average of five opioid-related overdose deaths daily. The Leave Behind Narcan program, administered by the Arizona Department of Health Services (ADHS), was initiated to address this ongoing opioid crisis.³ EMS and law enforcement agencies can access the ADHS website for online training on the opioid epidemic, tools to recognize the signs and symptoms of opioid overdose and how to differentiate an overdose from other medical conditions with similar symptoms, and naloxone administration.⁴ ADHS also provides EMS and law enforcement agencies with naloxone kits at no cost from funding from the First Responders Comprehensive Addiction and Recovery Act (FR-CARA) grant.

In 2020, the Tucson Fire Department (TFD) was among the early adopters of the Leave Behind Narcan program after a study completed during the COVID-19 pandemic by the University of Arizona highlighted a 35.9 percent transport refusal rate (refusing to be taken to a medical facility for further treatment) among individuals who had experienced opioid-related overdoses and received EMS naloxone.⁵ Through the program, the TFD provides naloxone in a kit that also contains information on identifying an opioid overdose, instructions on how to administer the medication, information on withdrawal symptoms, and local resources for those wishing to seek out additional treatment for OUD.

The TFD's Leave Behind Narcan program operates under the community risk reduction bureau, specifically the Tucson Collaborative Community Care Team (TC-3). TC-3 is composed of commissioned and noncommissioned fire personnel working alongside local-area hospital employees. The team's primary mission is to reduce the use of and overreliance on the EMS system. TC-3 manages the ordering, tracking, and distribution of the naloxone kits to the city's fire stations. The address of the emergency scene where a kit has been left behind is recorded by a member of the TFD so TC-3 can facilitate follow-up from a treatment agency that specializes in OUD treatment and recovery. TC-3 also tracks data on how many kits are distributed, what areas of the community are experiencing the highest number of overdoses, how many opioid overdoses the first responders respond to, and other data related to this program.

TC-3 is committed to harm reduction in the community it serves and actively engages in community outreach efforts to distribute naloxone kits. These efforts are conducted in collaboration with the local police department's substance use resource team as well

as local behavioral health and treatment services. Outreach activities include visiting impacted areas to offer education on opioid use and withdrawal, distributing naloxone kits, and providing transportation to treatment providers.

YEAR	Naloxone Nasal Spray Interventions	Narcan Interventions
2020	N/A	2,388
2021	160	1,739
2022	992	959

Figure 3: Chart showing the number of naloxone nasal spray interventions and Narcan interventions over the last 3 years

Recognizing the toll that responding to opioid use and overdoses has on first responders, the TFD is dedicated to putting resources in place for its employees. The department has a clinical psychologist on its staff who is experienced in treating the specific behavioral health needs of fire personnel. It also has an active peer operational support team that has been educated on local and virtual mental health resources and encourages other members of the department to take advantage of those resources.

The success of the Leave Behind Narcan program is largely anecdotal, reflected in stories shared across the community. It is seen in a barbershop owner's ability to administer naloxone during an overdose, in parents who no longer feel helpless in the face of their children's SUDs, and in responders who see the positive difference this shift has made in the community they serve. The program empowers Tucson's citizens in the fight against the opioid epidemic by making naloxone as readily available as automated external defibrillators (AEDs) or fire extinguishers.

There are numerous programs across the country designed to support first responder deflection for

individuals with OUD or other SUDs. Often, the fire departments, EMS, and law enforcement personnel who run these calls are in the best position to make a positive difference on residents' lives as they administer care and identify those in their communities who are most at risk. Identifying the program model that is most likely to be successful in an area begins with identifying the needs of the specific community; determining the local, state, and federal funding available; and bringing all of the relevant partners to the table for a discussion on positive intervention.

Endnotes

1. <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>.
2. [https://www.annemergmed.com/article/S0196-0644\(17\)31181-2/fulltext#:~:text=Excluding%20those%20who%20died%20the,n%3D691\)%20were%20male.2/fulltext#:~:text=Excluding%20those%20who%20died%20the,n%3D691\)%20were%20male](https://www.annemergmed.com/article/S0196-0644(17)31181-2/fulltext#:~:text=Excluding%20those%20who%20died%20the,n%3D691)%20were%20male.2/fulltext#:~:text=Excluding%20those%20who%20died%20the,n%3D691)%20were%20male).
3. <https://directorsblog.health.azdhs.gov/naloxone-leave-behind-program-helps-first-responders-save-lives/>.
4. Ibid.
5. <https://www.tandfonline.com/doi/full/10.1080/10903127.2020.1834656>.

Visit the Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP) Resource Center at www.cossup.org.

About COSSUP

COSSUP has transitioned from the Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP). This change in title for the program is indicative of efforts to reduce the stigma related to substance use and to support impacted people in their recovery journey.

About TASC's Center for Health and Justice (CHJ)

CHJ helps COSSUP grantees implement evidence-based, systemic solutions at the front end of the justice system to respond to the substance use that often underlies criminal justice involvement. CHJ helps build integrated criminal justice, behavioral health, and community systems by assisting first responders in developing pathways to treatment for individuals at risk for illicit substance use and misuse. CHJ offers online resources and in-person training and technical assistance (TTA) engagements customized to the needs of specific jurisdictions with the goals of connecting and maximizing the treatment resources of the community to improve public health and safety. Request TTA from CHJ by contacting the COSSUP Project Lead, Hope Fiori, at hfiori@tasc.org.

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