

Reprioritizing Responsibilities: Examining How Colliding Epidemics Impact First Responders

Submitted to the Drug Enforcement and Policy Center at the Moritz College of Law at Ohio State University

June 3, 2021

Authors:

Andrea M. Headley, PhD, Georgetown University

Christa Remington, PhD, University of South Florida

Kaila Witkowski, Florida International University

Santina Contreras, PhD, University of Southern California

N. Emel Ganapati, PhD, Florida International University

ACKNOWLEDGMENTS

We would like to thank the Drug Enforcement and Policy Center at the Moritz College of Law at Ohio State University for the financial support provided, without which this research would not have been possible. We are immensely grateful for all of our first responder research participants who graciously provided us with their time and knowledge! We also would like to provide a special thank you to our research assistants from: (1) Ohio State University (OSU): Ben Duwve, Andrew McGirty, Emily Needham and Ryan Raulynaitis; and, (2) University of South Florida (USF): Katherine Bleakly, Skoervitch Emile, Humayra Qadir, Mari-Nicole Rosales and Dakota Winn.

EXECUTIVE SUMMARY

First responders operate at the frontlines to ensure the safety, health and well-being of the public. In doing so, they place themselves at risk of negative mental and physical consequences as they encounter traumatic and, at times, life-threatening situations. For the last decade, police officers, firefighters, paramedics, emergency medical technicians (EMTs), 911 emergency dispatchers, and other first responders have played an important role in responding to the opioid epidemic. Whether responding to overdose cases or performing drug busts, these professionals have been on the front lines of this epidemic ensuring the safety, health and well-being of the public. Recent changes in policy have shifted some first responder roles (especially the police officers) away from punishment and enforcement toward health and prevention, signaling a shift away from criminalization toward treatment; a unique intersection where these diverse first responders connect. It also signifies a potential strain in perceived and actual roles and responsibilities as first responders are asked to take on extra burdens when responding to calls (i.e., administering Narcan).

In the midst of grappling with these organizational and professional shifts related to the opioid epidemic, the COVID-19 pandemic occurred. Experts state that the COVID-19 pandemic had spillover impacts for individuals struggling with addiction and substance use disorders, including an uptick in opioid overdoses (Haley & Saitz, 2020). According to a CDC press release, 2020 had a record-breaking number of overdose deaths – 81,000. During this current health crisis, first responders have not only been tasked with continuing the response to the opioid epidemic but have also been exclusively called upon to enforce COVID-related state and local social distancing requirements, to promote public health and provide essential services; again, requiring that first responders be flexible and adaptive in their roles and responsibilities.

While the presence of one epidemic strains organizational resources, the presence of two requires that agencies make critical decisions that impact how first responders deal with and respond to both epidemics. Extant research, though limited, shows that first responders experience work-related psychosocial challenges, including trauma and stress, in higher magnitudes compared to other occupations due to the day-to-day demands of the job (SAMHSA, 2018). Yet, there is relatively little

scholarly attention paid to the impact of public health emergencies on first responders and their work, let alone when diverse epidemics collide and present different (and potentially even conflicting) work-related demands. Understanding these impacts is essential in order to inform how first response agencies can mitigate potential adverse effects on their workers, build short- and long-term workforce resilience, and more effectively respond to both opioid abuses, COVID-19, and other future health epidemics.

This research focuses on the aforementioned impacts, specifically: examining (1) the impact of the COVID-19 epidemic on the response to the opioid epidemic; (2) changes in first responders perceived and actual work and responsibilities as a result of responding to two colliding epidemics; and, (3) the impact on first responders' burnout and stress as well as coping mechanisms including substance use and abuse. To address these aims, this study entailed a mixed-methods research design encompassing a review of secondary sources (e.g., government documents, organizational policies, and news pieces), state level policies, encompassing surveys, in-depth semi-structured interviews, and PhotoVoice focus groups.

More specifically, we reviewed three types of secondary sources on first responders: government documents (n=37), first response agencies (n=37), and news sources (n=202). We conducted a review of three types of publicly available policy documents that focused on first responders (i.e., police, paramedics/EMTs, and firefighters) and COVID-19: state executive orders, state legislation, and state agency directives. We fielded an online Qualtrics survey of first responders from police organizations, paramedic/EMT organizations and fire departments across the United States from November 2020 to March 2021 (n=5,370). We conducted follow-up interviews with survey respondents in an open-ended, semi-structured format with questions focused on how and why first responders were impacted, how they coped with the impacts, and how their organizations helped address the negative impacts of the pandemic and co-occurring crises (n=58). As part of the survey, we incorporated a PhotoVoice component as well. PhotoVoice is a qualitative, participatory method typically used in health sciences that encourages participants to use photographs to express daily experiences (Wang & Burris, 1997). Participants were asked to submit a photo that represented their daily challenges in 2020 and prompted to provide a title, description of the photo and what they wanted policymakers to learn from the photos (n=61).

The preliminary and descriptive findings presented in this report suggest three key takeaways¹. First, the findings of this research suggest that the impact of the COVID-19 pandemic on the opioid epidemic was mixed, and largely determined by geography, resources, and call volumes. Areas that were already dealing with the opioid epidemic experienced shifts in resources away from the opioid response and toward the COVID-19 response. They also experienced some challenges imposed by the safety restrictions that the pandemic imposed. That said, first responders often felt that their agencies were responding to the opioid epidemic as best as they could.

Second, the findings suggest that responding to multiple crises at once can negatively impact the work of first responders and their organizations. First responders often reported being impacted by these epidemics in both professional and personal ways. For example, even when no new job duties or responsibilities were added, merely adhering to new protocols and safety precautions due to COVID-19 posed challenges for the delivery of services. Moreover, organization level changes were expanded to prioritize safety. Administrators and leaders in first response agencies noted they were tasked with staying informed of public health updates, making policy changes, as well as preparing and planning for the best emergency response possible in light of these challenges.

Third, above and beyond work-related impacts, the findings suggest that first responders endured negative psychosocial impacts as a result of the COVID-19 pandemic. First responders experienced increased physical, emotional, and mental distress during the COVID-19 pandemic due to the pressures of the job and the impacts of the pandemic itself (e.g., catching COVID-19 and spreading it to loved ones). Even when experiencing negative effects of the pandemic, such as burnout, emotional exhaustion, post-traumatic stress disorder, first responders often stated that this did not impact their ability to perform their job duties and rarely interfered with their personal life. Reported coping mechanisms ranged from physical activity, engaging in hobbies, reducing media consumption, spiritual support, spending quality time with family, relying on coworkers, and, to a lesser degree, drinking alcohol or using drugs.

The study's findings indicate several directions for future research. *First*, there is a need for studies that examine the impact of the COVID-19 pandemic on the opioid epidemic in areas with high and low impact in terms of opioid use and overdose. *Second*, future studies could further examine the link between stimulus payments and opioid use and overdose. Our study indicated that the first responders noticed an increase in opioid overdoses following the stimulus payment but there is not enough data to support this finding. *Third*, studies could compare opioid overdoses before and after the COVID-19 pandemic and follow-up the changes in opioid use and overdose over longer periods of time. *Fourth*, there is a need for studies that examine the changes in first responders' standard operating procedures and well-being guidelines in addition to state and

¹ Results discussed here have not been fully analyzed, coded, and synthesized. We encourage readers to keep the preliminary nature in mind when drawing broader conclusions or takeaways from these reported findings.

local level policies before and after the COVID-19 pandemic. *Fifth*, future research could focus on understanding the impact of colliding crises on first responders and their families from the perspectives of their family members. *Sixth*, this study focused on the perspectives of first responders on the impact of the COVID-19 pandemic on the opioid epidemic. There is a need to capture the lived experiences of opioid users on how their lives and opioid use have changed during the COVID-19 pandemic. *Seventh*, future studies might be conducted with opioid users themselves to understand their perceptions of COVID-19 vs opioid related risks, and how these perceptions might have influenced their decision to call for help for an overdose or overdose related fatality.

The study has several implications that could help lessen the undue burden placed on first responders due to the colliding COVID-19 pandemic and the opioid epidemic. One of these implications is that decision makers at federal, state and local levels need to help first response agencies balance the often-unique needs of each disaster. In addition, associations representing first response agencies and first responders themselves can highlight best practices for mitigating the negative impacts of concurrent disasters on first responders. Specifically, how first response agencies should adapt current operating procedures and when these procedures will be reverted back. Although first responders have developed several positive coping mechanisms and are, in general, appreciative of their agencies' response to the colliding epidemics, first response agencies could also do more to address the work-related stress, burnout, PTSD and substance use among their employees by normalizing current therapy options and instituting group discussions on these issues. They could also extend their assistance to first responders' families that have been significantly impacted by the COVID-19 pandemic by providing discounted or free childcare options and wrap-around social services for responders caring for elderly parents.

REFERENCES

Haley, D. F., & Saitz, R. (2020). The opioid epidemic during the COVID-19 pandemic. *Jama*, 324(16), 1615-1617.

SAMHSA. (2018). First responders: *Behavioral health concerns, emergency response and trauma*. Disaster Technical Assistance Center Supplemental Research Bulletin.

<https://www.samhsa.gov/sites/default/files/dtac/supplementalresearchbulletin-firstresponders-may2018.pdf>

Wang, C., & Burris, M. A. (1997). Photovoice: Concept, methodology, and use for participatory needs assessment. *Health education & behavior*, 24(3), 369-387.