

First-Responder Trauma and the Opioid Crisis

Catching Up With COSSAP, June 2020 Edition

Among its many consequences, the opioid crisis has placed increasing demands on first responders—law enforcement officers, firefighters, and emergency medical services (EMS) personnel—compounding the already high levels of job-related stress and trauma they experience daily. On the front lines of the crisis, many have taken on new duties that stretch well beyond their traditional ones. This is especially true of the law enforcement workforce, which in many cases has not been part of the primary response to public health emergencies. And now, as first responders take on a vital role in the national emergency response to the COVID-19 pandemic, an extra layer of potentially traumatic exposures has been added to their workloads.¹

Encouragingly, agency leadership has come to understand that the effects of repeated exposure to different types of traumatic events tend to accumulate over the course of a first-responder's career.² This underscores the importance of ensuring that first responders have information and tools at hand to manage and reduce the impact of ongoing exposure to traumatic stressors, prevent burnout, and promote resilience and career longevity.

Feedback From First Responders

In its role as a training and technical assistance (TTA) provider for COSSAP grantees, TASC's Center for Health and Justice partnered with Advocates for Human Potential between October 2019 and January 2020 to conduct 13 interviews with key personnel from first-responder agencies working on the front lines of the opioid crisis. A common set of interview questions guided discussions

of the experiences, needs, and agency efforts on behalf of first responders exposed to opioid-related traumatic stressors. Interviews were conducted with law enforcement, fire departments, and EMS staff members at various levels, ranging from agency chiefs to frontline response team leaders.

Almost all interview subjects mentioned the challenges of compassion fatigue specific to opioid crisis response efforts. First responders across agencies recounted the frustrations that staff members experience when they revive the same individuals again and again. Stress levels also tend to increase when first-responder efforts to immediately render critical help are met with mistrust and anger instead of appreciation. (Indeed, several studies have shown that anger and confusion are among the adverse effects that people experience after an overdose reversal by naloxone.³) Program momentum may be inhibited by staff members' perceptions that their efforts are failing to make a difference. Leadership emphasized the importance of combatting compassion fatigue by creating a feedback loop to ensure that information on the positive impact of staff members' efforts, at both individual and community levels, is communicated regularly.

"One of the goals of updating our SIM is to develop deeper participation with first responders and to explore their needs."

—Jill Perry, Let Us Know project coordinator,
Beaver County, Pennsylvania

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For example, grantee programs regularly disseminate quantitative outcome data—such as the number of individuals successfully revived each period and decreased fatality rates—to make sure that frontline staff members are informed about the big-picture impacts of their programs. Most interviewees also pointed out the importance of qualitative data in the form of personal messages of gratitude that first responders received from the families and individuals they had helped. Some training programs have included people in recovery from opioid use who attest to the role first responders played in reversing their overdoses and connecting them to treatment. Diversion programs such as one in Tucson, Arizona (a COSSAP diversion mentor⁴), often receive informal updates on the progress individuals have made in recovery and letters thanking first responders for their help. As one interviewee noted:

“It is more difficult to get information on positive outcomes than negative ones. First responders rarely get a chance to see people recovering from opioid addictions come full circle.”

—Key participant, first-responder trauma interviews

Some key interviewees indicated that a lack of resources both to meet the demand for treatment and to guide family members in helping a loved one contributed negatively to first responders’ stress levels. First responders and their agencies often experience frustration that stems from piecing together crisis response tools that were not designed to effectively address a chronic condition. In some communities, a lack of coordination between providers and systems of care results in poor utilization of the resources that are available. Many first-responder diversion and crisis response programs emphasized their work with community partners to develop accessible systems that centralize categories of existing resources. This can also help communities identify gaps in services that may require treatment capacity building.

“Treatment capacity” refers to the totality of community-based substance use disorder services available, measured by both quantity and accessibility.⁵ Many grantees have crafted programs based on information obtained through sequential intercept model (SIM) mapping of services available to individuals at various points of interaction with the justice system. Several grantees found that their communities needed to invest in programs to reach individuals at their earliest point of contact with law enforcement, while others have identified deficits in access to treatment for individuals on probation.

In Beaver County, Pennsylvania, SIM mapping was the first component of the program one grantee sought to develop with COSSAP funding. With an exceptional level of collaboration between justice and behavioral health systems already under way, the grantee shifted its focus to successfully integrating first-responder capacities. A COSSAP grantee in Story County, Iowa, will use SIM mapping to build a pre-arrest diversion program that will interact with the rest of the justice system to best serve cities and communities across the region.

Addressing First-Responder Stress and Trauma

The professional culture and identity of first responders includes a belief in the ability to take on whatever comes their way. They are accustomed to offering help to others, but not necessarily asking for help themselves. Interview subjects unanimously agreed that reducing the stigma first responders attach to requesting help is an important priority. Introduction of the need for self-care and stress management at the pre-service academy level, and

“We hope that by working through the SIM we can identify the strengths and weaknesses in our community safety nets and social support systems. We also hope that the exercise itself will help foster better understanding and more communication between agencies.”

—Latifah Faisal, Director of Special Programs,
Story County Attorney’s Office

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leadership's reinforcement of those concepts throughout their staff's careers, can help staff members avoid stigma and take advantage of the support agencies offer. It can also encourage them to incorporate healthy stress management techniques into their professional development.

Most interview participants agreed that by the time individuals seek help for any mental health issue, including responses to trauma, a crisis is usually already unfolding. However, key interviewees could also readily identify behaviors frequently exhibited by staff members that can be early signs of compassion fatigue and that demand leadership's attention. Misdirected anger, blowups, and callous attitudes toward individuals who use opioids are manifestations that are commonly mentioned. Agencies also monitor increases in absenteeism and use of sick time. Most reported that they have learned to prioritize monitoring these "yellow flags" or warning signs, since the steps needed to lower stress levels are less drastic at this point.

Despite confirmation from key interviewees of the immediate need for additional information and tools to address first-responder trauma, this remains an underdeveloped area of focus. Many of the resources that exist are largely unknown or inaccessible to first responders and thus underutilized. Efforts to make training and a variety of informal tools more accessible, including online and on-site support, would likely increase their use. With COSSAP, TASC's Center for Health and Justice is creating a resource library for first-responder opioid-related diversion initiatives. The library will compile existing first-responder trauma resources, information, and tools into one centralized, easy-to-access collection.

A webinar titled "Responses to First Responder Trauma," hosted by TASC's Center for Health and Justice, was held on May 28, 2020. It discussed the impact of the opioid crisis on first responders and the measures agencies are taking to minimize negative effects on staff members, also exploring tools that might help advance these efforts.

To access the webinar, visit <https://iir.adobeconnect.com/phe2p97xrrf4/?html-view=false>. For related materials and further information about the First Responder Diversion Resource Library, email Hope Fiori at hfiori@tasc.org.

Endnotes

¹U.S. Fire Administration/Federal Emergency Management Agency. (2020). Burnout, self-care and COVID-19 exposure for first responders. Available at https://www.usfa.fema.gov/coronavirus/behavioral_health/first_responder_self_care.html.

²Copple, C., Copple, J., Drake, J., Joyce, N., Robinson, M., Smoot, S., Stephens, D., & Villaseñor, R. (2019). Law enforcement mental health and wellness programs: Eleven case studies. Washington, DC: Office of Community Oriented Policing Services.

³National Institutes of Health. (2017). Naloxone dosage for opioid reversal: Current evidence and clinical implications. Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5753997/>.

⁴Seven first-responder diversion programs were selected to serve as mentors for communities interested in starting programs or for established programs interested in learning innovative practices to enhance their existing initiatives. For more information, visit <https://www.cossapresources.org/Learning/PeerToPeer/Diversion>.

⁵For more information on treatment capacity, refer to TASC's Center for Health and Justice's Treatment Capacity series (2019) at <http://www2.centerforhealthandjustice.org/content/project/tasc-chj-treatment-capacity-expansion-series>. You can also reference the Center for Health and Justice's COSSAP Newsletter article "Treatment Capacity: Divert to What?" accessible at https://www.cossapresources.org/Content/Documents/Articles/Treatment_Capacity.pdf.

