RIT | College of Liberal Arts
Center for Public Safety Initiatives

Department Interviews Report

Working Paper 2026-08

Alexander Tobey, M.S.
Research Associate | Center for Public Safety Initiatives
Rochester Institute of Technology
adtgcj@rit.edu

Irshad Altheimer, Ph.D.
Ellen M. Granberg Endowed Full Professor | Department of Criminal Justice
Director | Center for Public Safety Initiatives
Rochester Institute of Technology
ixagcj@rit.edu

Stephanie Godleski, Ph.D.
Full Professor | Department of Psychology
Principal Investigator | Health & Justice CoLAB
Rochester Institute of Technology
saggsh@rit.edu

Hreem Mahadeshwar, M.S.
Research Assistant | Health & Justice CoLAB
Rochester Institute of Technology
ehm3277@rit.edu

Introduction

The Substance Abuse and Mental Health Services Administration (SAMHSA) reports that opioid use disorder (OUD) impacts over two million individuals in the United States (SAMHSA, 2024). This number does not consider the many others impacted by the epidemic, such as family, loved ones, and professionals who work with those suffering from OUD. Employees of government agencies such as police, fire departments, emergency dispatch, librarians, and more have experienced shifts in responsibilities and negative consequences linked to opioid-related events (O'Dare & Atwell, 2023). These factors have contributed to potential strain on department resources, staff burnout, and retention.

In response to the far-reaching impact of the epidemic, states and local governments have distributed settlement funds from opioid-related lawsuits aiming to reduce the burden of the challenges raised by the epidemic (National Academy for State Health Policy, 2024). To allocate funding efficiently, policymakers must collect data from multiple sources to identify the needs and determine where to effectively invest funds (National Governors Association [NGA], n.d.).

The purpose of this research was to interview representatives from nine departments run by the City of Rochester and identify challenges that emerged from the opioid epidemic and potential solutions. The research can provide localized insight into how departments are experiencing and responding to the crisis, while offering a perspective that can be included in policy discussions. Findings can also inform future research by identifying gaps and

opportunities for cross-agency collaboration as well as emphasizing the need for continued assessment of staff well-being, mental health services, and education strategies.

Methodology

Qualitative research helps to uncover the views and values of people, which is useful when exploring complex or sensitive issues (Wolff et al., 2024; Theelen et al., 2024). This method seeks to answer questions by gathering data in the form of detailed responses, often in the form of text, to give a deeper look into participants' thoughts and experiences. Qualitative data can be bulky and time-consuming to code and analyze, but it also provides rich, detailed information that can be important when the research aims to solve a public health problem rooted in local perceptions.

Nine interviews were scheduled and completed during the winter of 2025. The departments were selected in coordination with the City of Rochester’s Opioid Action Plan team. Within each department, the individual with the most direct experience managing opioid-related challenges was identified and invited to participate. All participants reviewed and signed a consent form before being interviewed.

There were 18 total questions spanning the topics of department operations, challenges and resources, community engagement, data collection, and future implications. Interviews were scheduled to last 45 to 90 minutes and were recorded using an MP3 recorder. Recordings were uploaded to an encrypted server and transcribed. Due to the union policies of some city departments, recordings were not permitted for interviews, and therefore, the research relied on field notes for data collection and, later, analysis.

The transcriptions and notes were uploaded into the web-based version of ATLAS.ti, and an open coding method was used. Open coding is the process of reviewing the data and flagging concepts or patterns (Theelen, et al., 2024). Axial coding followed, which is the process of establishing relationships between codes to cluster the data into groups. There was a total of 67 codes generated from the transcripts, which were categorized into seven different groups: Opioid Response Department Responsibilities, Resources for Departments, Training, Department Challenges, Data, Goals, and Community Needs.

Thematic Analysis

Operational Challenges

The first major theme identified during analysis was Operational and Staff Challenges. Codes of interview content such as “staff operation support”, “working with individuals under the influence”, and “working with mental health concerns” were frequently observed across all interviews, demonstrating the consistency of their importance for all departments.

The interviews suggested that operational strain is universal, but the type of strain can vary to some degree. Departments more involved in emergency response reported struggling with a high volume of overdose-related incidents and insufficient staff. In contrast, other department staff raised safety concerns about not being appropriately equipped to manage opioid-related incidents. Some departments reported that staff are also operating beyond their conventional responsibilities, which was noted as contributing to the depletion of their resources, increased feelings of burnout, and safety concerns for staff.

> “It does … place a strain on resources. So, I think that between that and then, the mental health strain that it puts on our members because we are affected....”

Similar sentiments were voiced across all departments, regardless of day-to-day involvement in emergency responses, particularly any department that has frequent public-facing responsibilities. Staff in some departments described feeling as though they were acting in a capacity similar to a social worker, as they manage working with people under the influence of substances or responding to overdoses when it is not an expected responsibility of their position. This can potentially create persistent stress and exhaustion, otherwise known as "burnout," for staff needing to be alert to the possibility of managing someone under the influence or helping an overdose victim when they are not adequately trained (O'Dare & Atwell, 2023).

All departments reported that staff have access to online training and/or professional development-related courses to assist with better managing opioid-related incidents. Trainings, such as Narcan education and substance use education courses, are offered but not mandated to better support staff. While these courses can provide additional understanding and preparedness for an event, responses suggested that the mental and emotional toll can still wear away at staff.

> "We have a lot of issues in terms of caring for our staff and making sure that they have the support that they need."

Themes across the interviews illustrate the need for stronger infrastructure, professional development, and emotional support to decrease the strain on departments already stretched thin. Addressing these operational challenges was noted as important for safety concerns, to protect staff well-being, and to support the sustainability of public services.

Community Education

A second major theme that emerged was that all departments gave suggestions focused on improving education in the community. The dominant codes observed were Opioid Use Disorder Education, Public Stigma Awareness Education, and Public Narcan Availability and Use Education. There was a shared belief throughout all the interviews that there is a widespread gap in what the public understanding of addiction is, what resources are available, and how to best respond to an opioid-related incident. This gap was perceived as negatively affecting public attitudes and impairing the ability of the community to effectively respond to overdoses or connect individuals to care.

> "I would say that people need to understand what addiction is, what it looks like, what it means to the individual who is addicted. More knowledge of community resources and how to connect to them and then prevention is also important as well as for those who are experiencing addiction within their family or their circle."

The interviewees also consistently reported that many community members lacked the requisite knowledge necessary to navigate treatment systems, even those actively seeking help. Knowing what resources are available for treatment and how to navigate services was a commonly reported gap in public awareness that many departments experienced. Improving awareness of services and how to access them was seen to be imperative to connect individuals to care.

> "…People struggle with the navigation piece and so that is what we like to make sure we're able to assist people with…Understanding what the processes look like, knowing what the steps are and then again being available to help people through that."

General education surrounding addiction was frequently discussed, such as understanding what an overdose looks like, what someone under the influence acts like, and understanding the mental and emotional impact addiction can have on an individual. Participants

emphasized the importance of Narcan availability and how to properly administer it. However, efforts to increase Narcan availability were reported to have been met with resistance from community members in the past due to the stigma.

> "We will get people from the public who come in and are very critical of things like 'You have Naloxone…you're just encouraging people to come here and [use].'"

Even though increasing Narcan availability has been shown to reduce overdoses, many still subscribe to the belief that it will enable people who use drugs (PWUD) to continue using (Bruzelius et al., 2023; Zang et al., 2021; Zang et al., 2024). This stigma often prevents PWUD from seeking help by sharing their health condition with loved ones and may also prevent them from pursuing services that they desperately need (U.S. Centers for Disease Control and Prevention, 2024).

> "It's not because someone's lazy, it's not because someone just doesn't want to do work or anything like that…it does not matter where you live, where you're from, what zip code you're in, anyone and everyone is at risk for addiction …having that perspective around addiction can change more towards understanding why it happens and how it happens would be hugely beneficial for reducing the stigma."

All interviews discussed stigma in some capacity. Many suggested that there is a need for targeted community education that addresses the science of addiction, overdose response, and the importance of harm reduction measures to reduce the stigma associated with opioid use. Improving the public understanding of addiction may help to reduce stigma and facilitate a more supportive environment that encourages PWUD to seek help.

Mental Health Awareness

Research suggests that mental health disorders and substance use disorders, including

opioid use disorder, often co-occur (Santo et al., 2022). This connection was reflected during interviews as all departments linked opioid-related events with mental health needs for both the public and their own staff.

In particular, mental health was discussed in some form for every interview, including co-occurring conditions with opioid use, demand for more education surrounding mental health, the need for mental health-trained personnel, and mental health support for staff. The most frequent codes observed under this theme were: Mental Health Resources, Public Mental Health Resource Awareness, and Staff Trauma.

> "I'm hoping that we might be able to connect with some…drug and alcohol counselors, mental [counselors], individuals engaging with people that are in that space…"

Every participant reported the need for a mental health professional on scene when an opioid-related incident arises. Many interviews discussed current protocols, which often involve calling the Person in Crisis (PIC) team -- a trained team of emergency response social workers who mobilize with first responders and aim to de-escalate crises and connect people with services (City of Rochester, n.d.).

> "We have the capacity to partner with mental health services if they want to come here and be here and commit to that… and we will learn to make those referrals."

It was apparent from the interviews that the PIC team plays a vital role in bridging the gap between emergency response and mental health needs during an opioid-related event. However, considering all departments report needing them, it should be noted that relying on them must consider barriers like availability and response time, especially if there is a high volume of cases. This reinforces the department's potential needs for more available mental

health personnel or trauma-informed care training to manage potential encounters directly, which alleviates the mental health strain on staff who may not be adequately prepared to manage the situation.

Discussion

The department interviews established a range of challenges and opportunities related to operational functioning, substance use education, and the interconnectedness of mental health and addiction. These findings reflect the complex issues the opioid epidemic has wrought on public health and the operations and personnel of local government departments.

Much of the related existing research focuses on first responders; however, this study examines non-emergency departments such as libraries and administrative offices that are also experiencing strain. Operational challenges reported across all departments followed a pattern of burnout and fatigue, which has been observed in prior research on first responders (O'Date & Atwell, 2023; Pike et al., 2019). Participants reported increased workloads, safety concerns, and burdens on time and resources contributing to further feelings of emotional exhaustion and stress for staff across all departments. It is important to acknowledge that these challenges are emerging in roles for government employees not commonly associated with crisis response, who are facing similar stressors without the equivalent infrastructure or support.

The emphasis on public education and stigma reduction across all interviews may indicate a disconnect with how addiction is experienced by professionals compared to how it is perceived by the community. Interviews frequently addressed the importance of a better

understanding of addiction amongst the public, including: what addiction looks like; what an overdose looks like and how to respond to it; the importance of harm reduction tools like Narcan; and, reducing the stigma of addiction.

Opioid education for professionals who interact with PWUD, as well as the communities they serve, has been shown to be effective in past research and provides individuals with stronger confidence and comfort when working with PWUD (Murphy & Russell, 2022; Sisson et al., 2023). Improved attitudes towards this population also contribute to the reduction of self-stigma that PWUD experience and reduce barriers to seeking treatment. Ignoring these gaps in knowledge amongst the community, however, may only exacerbate stigma. Consequently, this creates additional barriers for an effective community response and places additional pressures on the city personnel that are called upon to intervene.

The issues surrounding mental health surfaced repeatedly in the interviews. Each department, regardless of its core function, raised the concept of mental health. This included the emotional toll on staff from being confronted with traumatic events, mental health education and resources, challenges of working with PWUD who struggle with co-occurring mental health disorders, and needing mental health-trained personnel to assist with opioid-related events.

The importance of embedding mental health professionals and services in the frontline responses for PWUD was observed since many interviews discussed calling the Person in Crisis (PIC) team when responding to an individual under the influence. The PIC team was noted as an important resource for many departments, but there was also a reported concern that demand could outpace availability. Therefore, this may suggest the utility of expanding

the availability of such emergency response teams as well as potentially providing training for department staff to support the de-escalation of crises.

Limitations

The research provides valuable insights into how city departments have been impacted by the opioid epidemic and how they have been responding. However, it is important to acknowledge and recognize the limitations of this research to appropriately contextualize the findings.

First, the study was done using a small and non-random sample of nine city departments. These departments were selected based on their interactions with opioid-related issues, but the participants were not chosen at random and were limited to one participant per department. This limits the generalizability of the results as each participant's view may vary across the full range of perspectives within the department and across other departments. Additionally, these findings are reliant on self-reported data. Participants were encouraged to speak openly and honestly with anonymity, but their responses may still reflect individual issues with the recall of information.

Second, there is significant variation in the roles and responsibilities of the departments that were interviewed. The city departments vary widely in their functions, ranging from emergency services to public libraries. Additionally, the roles of the interviewees had the potential to range from frontline staff to administration or leadership positions. These factors can shape perceptions and priorities differently.

Next, there is variation in data quality based on the availability of recordings of interviews. In

two interview instances, the interviewer's field notes were used for analysis instead of transcripts. This can result in the omission of nuanced language or emotional tone that would otherwise be considered during the coding and analysis phases.

Lastly, the research is limited due to the absence of direct input from individuals with lived experience of opioid use. City staff offer critical institutional perspectives on how the epidemic has been affecting the community; however, incorporating the perspectives of PWUD or those who have been directly impacted would add considerable depth to the findings and should be a priority for future research.

Conclusion

The opioid epidemic continues to impact individuals with substance use disorders, as well as the professionals and institutions that support them and the community. This research provides insight into how departments in the City of Rochester, regardless of their core functions, are working to navigate the growing challenges that the epidemic has caused. Operational strain, community education needs, and mental health components were all frequent themes that emerged from department interviews, and these findings emphasize how the epidemic has impacted the broader government infrastructure beyond emergency response. Departments reported being challenged with increased responsibilities, managing staff support, and the emotional toll of repeated exposure to trauma.

The interviews also provided perspectives on opportunities for investment, such as the importance of expanding mental health resources and education, building a stronger infrastructure for community education around addiction and stigma, and improving collaboration between departments. As many cities determine how to properly allocate opioid

settlement funding, the perspectives of staff within a government body can provide insight to support effective interventions. Future research should continue to listen to the voices of both institutional bodies and those with lived experience to reinforce a comprehensive response to the evolving crisis.

References

Bruzelius, E., Cerdá, M., Davis, C. S., Jent, V., Wheeler-Martin, K., Mauro, C. M., Crystal, S., Keyes, K. M., Samples, H., Hasin, D. S., Martins, S. S. (2023). Naloxone expansion is not associated with increases in adolescent heroin use and injection drug use: Evidence from 44 US states. *International Journal of Drug Policy, 114*. https://doi.org/10.1016/j.drugpo.2023.103980

City of Rochester. (n.d.). *Person in Crisis Team*. Department of Recreation and Human Services (DRHS). https://www.cityofrochester.gov/departments/department-recreation-and-human-services-drhs/person-crisis-team

Murphy, J. & Russell, B. (2022). Stigma reduction through addiction and Naloxone education. *Journal of Criminal Justice Education, 34*(2), 185-198. https://doi.org/10.1080/10511253.2022.2068632

National Academy for State Health Policy. (2024). State Opioid Settlement Spending Decisions. National Academy for State and Health Policy. https://nashp.org/state-tracker/state-opioid-settlement-spending-decisions/

National Governors Association. (n.d.). Using Data and Evaluation in Policy Development, Implementation, and Monitoring: Building Successful Policies to Reduce Prescription Opioid Misuse. Urban Institute. https://www.nga.org/wp-content/uploads/2019/08/1703HSPSDataEvaluationBrief.pdf

Pike, E., Tillson, M., Webster, J. M., & Staton, M. (2019). A mixed-methods assessment of the impact of the opioid epidemic on first responder burnout. *Drug and Alcohol Dependence, 205*. https://doi.org/10.1016/j.drugalcdep.2019.107620

O'Dare, K., & Atwell, L. (2023). Reviewing the impact of the opioid overdose epidemic on the mental wellbeing of first responders. *Journal of Drug Issues*, *55*(2), 225-238. https://doi.org/10.1177/00220426231208109

Santo, Jr., T., Campbell, G., Gisev, N., Martino-Burke, D., Wilson, J., Colledge-Frisby, S., Clark, B., Tran, L. T., Degenhardt, L. (2022). Prevalence of mental disorders among people with opioid use disorder: A systematic review and meta-analysis. *Drug and Alcohol Dependence, 238*. https://doi.org/10.1016/j.drugalcdep.2022.109551

Sisson, M. L., Azuero, A., Chichester, K. R., Carpenter, M. J., Businelle, M. S., Shelton, R. C., & Cropsey, K. L. (2023). Feasibility and acceptability of online opioid overdose education and naloxone distribution: Study protocol and preliminary results from a randomized pilot clinical trial. *Contemporary Clinical Trials Communications*, *33*. https://doi.org/10.1016/j.conctc.2023.101131

Substance Abuse and Mental Health Services Administration. (2024). *Opioid Overdose.* https://www.samhsa.gov/medications-substance-use-disorders/medications-counseling-related-conditions/opioid-overdose

Theelen, H., Vreuls, J., & Rutten, J. (2024). Doing research with help from ChatGPT: Promising examples for coding and inter-rater reliability. *International Journal of Technology in Education (IJTE), 7*(1), 1-18. https://doi.org/10.46328/ijte.537

U.S. Centers for Disease Control and Prevention. (2024, April 2). Stigma Reduction. CDC: The Effects of Stigma on Substance Use Disorders. https://www.cdc.gov/stop-overdose/stigma-reduction/index.html

Wolff, B., Mahoney, F., Lohiniva, A. L., Corkum, M. (2024). Collecting and Analyzing Qualitative Data. *The CDC Field Epidemiology Manual*: U.S. Centers for Disease Control and Prevention. https://www.cdc.gov/field-epi-manual/php/chapters/qualitative-data.html#cdc_report_pub_study_section_2-choosing-when-to-apply-qualitative-methods

Zang, X., Macmadu, A., Krieger, M. S., Behrends, C. N., Green, T. C., Morgan, J. R., Murphy, S. M., Nolen, S., Walley, A. Y., Schackman, B. R., & Marshall, B. D. L. (2021). Targeting community-based naloxone distribution using opioid overdose death rates: A descriptive analysis of naloxone rescue kits and opioid overdose deaths in Massachusetts and Rhode Island. *The International Journal of Drug Policy, 98*. https://doi.org/10.1016/j.drugpo.2021.103435

Zang, X., Skinner, A., Krieger, M. S., Behrends, C. N., Park, J. N., Green, T. C., Walley, A. Y., Morgan, J. R., Linas, B. P., Yedinak, J. L., Schackman, B. R., Marshall, B. D. L. (2024). Evaluation of strategies to enhance community-based naloxone distribution supported by an opioid settlement. *JAMA Network Open, 7*(5). https://doi.org/10.1001/jamanetworkopen.2024.13861

About the Center for Public Safety Initiatives

The Center for Public Safety Initiatives (CPSI) is a multi-disciplinary research center that examines strategies to reduce crime and enhance the administration of justice. It provides program evaluation, data analytics, and project management services to area law enforcement, community non-profits, and other criminal justice professionals, and it contributes to general knowledge generation of the nature and causes of crime and violence. Its educational goals include training graduate and undergraduate students in strategic planning, program evaluation, and policy analysis.

The foundation of the Center is the practice of action research in which relevant data and analyses are brought to bear on the day-to-day decision-making processes of organizations. The Center serves the practice of policy development and implementation in real time and is a testing ground for 21st century university engagement, demonstrating how rigorous research and analysis can play a role in improving the lives of society's most marginalized citizens.

To access our full library of white papers, visit our website at rit.edu/cpsi.

Learn more

- rit.edu/cpsi
- CPSI@rit.edu
- (585) 475-6386

CITY of ROCHESTER

This project was supported by a grant awarded by the City of Rochester.
Points of view or opinions in this document are those of the author
and do not necessarily represent the official position or policies of the funder