Public Safety-led Community-oriented Overdose Prevention Efforts in Hispanic/Latino Communities: Companion to the PS-COPE Toolkit

Contents

[Acknowledgements 3](#_Toc149855480)

[Introduction 4](#_Toc149855481)

[The Overdose Epidemic in Hispanic/Latino Communities 4](#_Toc149855482)

[What’s in a Name: Identity Terms 4](#_Toc149855483)

[Public Safety Roles 5](#_Toc149855484)

[Public Safety as Educators 5](#_Toc149855485)

[Public Safety as Connectors 5](#_Toc149855486)

[Public Safety as Collaborators 5](#_Toc149855487)

[Distinct Issues Related to Overdose Prevention and Response 7](#_Toc149855488)

[Social and Structural Determinants of Wellbeing 7](#_Toc149855489)

[Immigration Status 8](#_Toc149855490)

[Multigenerational Trauma 8](#_Toc149855491)

[Cultural Identity, Traditions, and Practices 9](#_Toc149855492)

[Religious Belief Systems 9](#_Toc149855493)

[Collectivism 10](#_Toc149855494)

[Curanderismo 10](#_Toc149855495)

[Familisimo 10](#_Toc149855496)

[Machismo and Marianismo 10](#_Toc149855497)

[Personalismo 11](#_Toc149855498)

[Language 11](#_Toc149855499)

[Perceptions of Police 11](#_Toc149855500)

[PS-COPE in Practice: Effective Overdose Prevention and Response in Hispanic/Latino Communities 12](#_Toc149855501)

[Build Trust: Family First 12](#_Toc149855502)

[Engage Many: Connecting with Community 12](#_Toc149855503)

[Create Safety: Use Trauma-Informed Approaches 13](#_Toc149855504)

[Respond in Culturally Appropriate Ways: The Spirit of *Promotores* 13](#_Toc149855505)

[Cultural Considerations for Adapting and Using PS-COPE Tools 13](#_Toc149855506)

[Conclusion 15](#_Toc149855507)

[References 16](#_Toc149855508)

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# Introduction

Public Safety-led Community-oriented Overdose Prevention Efforts (PS-COPE) is an approach to public safety-led overdose prevention in Black, Indigenous, and people of color (BIPOC) communities that combines three frameworks: trauma-informed approaches, recovery-oriented systems of care, and procedural justice. The PS-COPE toolkit outlines principles that enhance overdose prevention and response in BIPOC communities. The toolkit presents a broad overview of strategies that can be useful in enhancing overdose prevention and response.

Designed for public safety agencies that work in largely Hispanic/Latino communities, this companion document provides a more focused look at the unique contexts of Hispanic/Latino communities and discusses approaches for working with the diverse populations that comprise them. It highlights the intersecting historical, socioeconomic, and cultural factors that influence response strategies. In this first section, the overdose epidemic in Hispanic/Latino communities is described, and terminology considerations are provided. The second section explores distinct issues to consider when planning and implementing overdose prevention and response efforts in Hispanic/Latino communities (e.g., acknowledging social and structural determinants of wellbeing; multigenerational trauma; and the influence of cultural identity, traditions, and practices). The final section outlines overdose prevention and response characteristics that are distinct to Hispanic/Latino communities, as well as cultural considerations for adapting the toolkit’s corresponding tools.

This companion document is grounded in the PS-COPE framework, which presents a holistic approach to overdose prevention and response. The framework underscores that effective strategies must encompass harm reduction, comprehensive service provision, community collaboration, and the recognition of cultural nuances.

## The Overdose Epidemic in Hispanic/Latino Communities

Hispanic/Latino communities comprise the second largest minority group in the United States, comprising 18.7% of the population (Jensen et al., 2021). Further, Hispanic/Latino individuals are among the fastest growing minority population—expected to comprise nearly 30 percent of the U.S. population by 2060 (Chau, 2020).

The overdose epidemic is a public health crisis that has disproportionately affects Hispanic/Latino families and communities across the country. From 2010 to 2021, overdose rates grew by 287.5% among Hispanics, compared to 160% for non-Hispanics (Romero et al., 2023). Research also suggests that the disproportionate increase in overdose-related deaths in the Hispanic/Latino communities is likely related to limited access to harm reduction services (Romero et al., 2023). From 2014-2017, overdose death rates involving all types of opioids increased in Hispanic/Latino communities (Chau, 2020).

A gender disparity exists in Hispanic/Latino communities when it comes to opioid overdose deaths: males are three times more likely to experience an overdose related death than females (Ho, 2020). Past studies concluded that males may engage in riskier types of drug use, such as using greater amounts or more lethal substances, which may elevate their mortality rates (DHHS, 2021).

## What’s in a Name: Identity Terms

Although the terms *Hispanic* and *Latino* are used interchangeably, they emerged at different times across the late 20th century. The term Hispanic emerged after Puerto Rican, Mexican American, Cuban American organizations pushed for representation in US Census data. It was first used in the 1980 census to refer to individuals from places where the native tongue is Spanish, including Spain; the emphasis is on language. In the 1990s, the term *Latino/a* emerged as an alternative, appearing in the 2000 Census alongside Hispanic. Latino/a refers to individuals from, or with family roots coming from, countries in Latin America (including Brazil, whose official language is Portuguese) and the Caribbean; the emphasis is on geography. The term *Latinx* has recently emerged as a term that is seen as more gender inclusive as words that have feminine associations end with “a” and words with a masculine association end with “o” (Pew Research Center, 2020), but is used primarily in academic and progressive political writing and settings. Both Hispanic and Latino are considered ethnicities since people of any race may identify as Hispanic or Latino.

## Public Safety Roles

Public safety personnel play pivotal roles as educators, connectors, or collaborators in overdose prevention and response programs in Hispanic/Latino communities. Many public safety personnel, including leaders, identify as Hispanic/Latino themselves and therefore often have the cultural skills and awareness to contribute to positive community relationships and fulfill roles of educators, connectors, and/or collaborators within their communities.

### Public Safety as Educators

People in Hispanic/Latino communities may not be aware of extent of the overdose crisis or the effects of substance use. First responders and other public safety professionals strengthen relationships by reaching out to the community members to find out what their specific areas of concern are, discussing information to help people understand the impacts of the overdose crisis, and sharing possible solutions.

### Public Safety as Connectors

While responding to a health crisis, first responders often learn details of an individual’s medical history and needs. This can be an opportunity to share resources and connect individuals to treatment via primary care clinics, syringe service programs (SSP), or other harm reduction services. Additionally, given rates of co-occurring substance use, mental health, and physical health challenges, referrals to medical care in each of these domains may be helpful. Considering the whole health of the whole family is important when considering referrals, especially if *familismo*---the strong value and commitment to family often found in Hispanic/Latino cultures – is practiced and valued within a family unit or community.

### Public Safety as Collaborators

BIPOC communities can be distrustful of overdose prevention efforts because of a history of racialized drug laws and disproportionate policing. Public safety agencies should actively collaborate with the BIPOC communities they serve to better understand experiences, strengths, and needs. Collaboration allows for effective problem solving to occur.

Collaborative efforts between sectors have given rise to innovative, culturally congruent interventions tailored to Hispanic/Latino communities. Public safety-led collaboratives have implemented overdose prevention and response programs that typically fall into five categories:

1. **Primary prevention programs** focus on root causes and key predictors of substance use. In Hispanic/Latino communities, these programs often are school-based and directed at youth, or directed at members of the family unit, emphasizing *familismo*. Programs can also include whole health educational events that consider the whole person health of individuals and communities (e.g., physical, mental, spiritual domains) to address overall health literacy, including substance use challenges and overdose risk, and address stigma and shame, specific to population groups within Hispanic/Latino communities. These activities build trust within communities. Many of these programs aim to avoid discrimination, span beyond socioeconomic status, and consider acculturalization and assimilation within Hispanic/Latino communities (Ryder, 2021). For instance, the New Mexico Screening, Brief Intervention and Referral to Treatment (SBIRT) tool has been used in school-based health centers (SBHCs) to engage with students who use substances to promote furthered interaction with behavioral health providers (Willging, 2023). Additionally, several faith-based and community initiatives through SAMHSA exist to provide resources to congregations to better meet the need of Hispanic/Latino individuals who use substances (SAMHSA, 2023).
2. **Community relationship-building programs** focus on outreach, training community members, and enhancing communication with public safety personnel during non-crisis, non-criminal interactions. For example, The Woodland Police Department (CA), regularly hosts a community outreach event called “*Paletas con Policia*” (Popsicles with Police). This is an outreach program designed to build trust and relationships with Hispanic/Latino communities by giving residents a space to interact with law enforcement officers in a casual, non-confrontational setting (Elkins, 2022). The *El Protector* program of the Metropolitan Nashville, Tennessee, Police Department is a bilingual and bicultural community outreach program staffed by Spanish-speaking officers which provides several opportunities for public education and engagement (Metropolitan Government of Nashville & Davidson County, n.d.).
3. **Diversion and decriminalization programs** may be the most well-known public safety-led overdose response programs. These programs focus on diverting individuals with chronic, unmet mental health and substance use needs from the criminal legal system to appropriate behavioral health services. One example is San Francisco’s Community Justice Center, which is a collaboration between San Francisco’s Superior Court, Sheriff’s Department, Police Department, and other local governmental and community-based organizations. The overarching goal of the center is to provide social services and alternatives to incarceration for non-violent drug-related offenses (County of San Francisco, n.d.). The *Nuevos Destinos* program at the Community Justice Center provides the Center’s monolingual Spanish-speaking clients with linkage to substance use treatment and supportive services such as case management, job training, and housing assistance (BJA, 2022a).
4. **Harm reduction and overdose response programs** focus on reversing the effects of overdose and connecting individuals in crisis to needed services. These public safety sector programs aim to reduce overdose deaths and often have a coordinated team of responders, typically including a law enforcement officer, an emergency medical technician (EMT), a treatment provider, and, increasingly, a peer specialist. There are also behavioral health and mental health-based harm reduction programs that are beginning to work with law enforcement—and widen the definition of first responder. For instance, Tropical Texas Behavioral Health has incorporated trained mental health staff who accompany first responders to the scene of mental health crises, aiming to divert individuals with serious mental illness and SUDs to treatment and support services (BJA, 2021; BJA, 2022b).
5. **Reentry and continuity of care programs** aim to prevent overdose among people re-entering the community after incarceration. For example, The Philadelphia Second Chance Act Reentry Initiative is a program dedicated to improving SUD treatment and recovery outcomes for adults in reentry with a focus on promoting racial equity and the removal of barriers to access and opportunity for communities that have been historically underserved. Their program focuses on connecting individuals to community-based MAT, case management, behavioral health, and housing services while they are still incarcerated. Whole Person Care Los Angeles (WPC-LA) has a Post-Release Reentry Program that provides mentorship, appointment adherence support, transportation vouchers, identification, and SUD treatment, among many other items. Of the 25,745 persons enrolled in their program in 2022, 45% were of Hispanic/Latino descent (Los Angeles County of Department Health Services, 2022).

When law enforcement officers place themselves in a position of educators, accountable problem solvers, and bridges to other resources in the Hispanic/Latino communities, it exemplifies the collectivistic cultures of these groups. Efforts to address neighborhood stressors by sharing problem solving information can foster officers’ legitimacy in the community and make the job easier and safer when responding to overdose calls.

# Distinct Issues Related to Overdose Prevention and Response

There are a range of distinct factors to consider that can influence overdose response in Hispanic/Latino communities. The most impactful are social and structural determinants of wellbeing; multigenerational trauma; and the influence of cultural identity, traditions, and practices.

## Social and Structural Determinants of Wellbeing

Social determinants of wellbeing refer to conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning and quality-of-life outcomes and risks. They encompass elements like socioeconomic status (SES), education, the physical environment, employment, and social support networks. Structural determinants of health involve deeper systematic structures and processes that shape social determinants, including economic, political, cultural, and societal values and norms. Structural determinants shape the distribution of power, income, goods and services, which ultimately determine individuals’ access to resources for health and wellbeing.

Hispanic/Latino communities experience health and wellbeing disparities due to both social and structural determinants. A closer look at SES often reveals inequities for Hispanics/Latinos in accessing community resources. Generally, the SES of Hispanics/Latinos is significantly lower than white counterparts, with disparities in poverty rates that have persisted across the last 30 years. In 2021, 17.1% of all Hispanic/Latino individuals in the United States were living below the poverty level; this is comparable to non-Hispanic Black individuals (19.4%) but twice as high as for white individuals (8.1%) (Ross & Dorazio, 2022). Poverty is correlated with other structural determinants of health that limit access to healthy nutrition and housing, stable housing, and impactful and accessible healthcare. High levels of poverty and resulting chronic stressors that impact daily life can increase risk factors for SUDs, including opioid use disorders. The stressors associated with low SES, such as barriers to employment, and housing stability can contribute to the cycle of addiction.

Treatment availability and accessibility are also factors that affect the Hispanic/Latino communities’ experience with the overdose epidemic. Marginalized communities are less likely to have access to and to use mental health and substance use treatment services (SAMHSA, 2021) and are less likely to receive high quality care (The National Healthcare Quality and Disparities Report (NHQDR), 2021). Hispanics/Latinos with SUD underutilize treatment, even when controlling for whether they have insurance, socioeconomic status, and problem severity (Pinedo, 2019; Pinedo, Zemore & Rogers, 2018). Once in contact with behavioral health services, Hispanic/Latino individuals at greater risk for poor treatment outcomes (NIDA, 2011) and are less likely to complete treatment (Saloner & Le Cook, 2013).

## Immigration Status

Immigration status is an additional barrier to services. Individuals with undocumented status comprise an estimated 12 percent of the U.S. Hispanic/Latino population (Center for Migration Studies, 2022). Research shows that individuals with undocumented status are more likely to lack health care coverage than citizens: approximately 46% of undocumented immigrants were uninsured compared to 25% of documented migrants and 8% of citizens (KFF, 2022). Although eligible to participate in private health insurance programs, immigrants with undocumented stats are less likely to participate due to working jobs that do not offer this benefit. This can lead to inadequate pain care after an occupational injury, which in turn can lead to seeking illegal opioids to manage pain.

A Hispanic/Latino individual who uses drugs and an immigrant with undocumented status faces a different set of barriers than immigrant or non-immigrant counterparts with documented status, due to the additional stigma and discrimination related to drug use both within and outside of Hispanic/ Latino communities. Within communities there may bindividual-level barriers such as limited English proficiency, work demands, internalized stigma around drug use, and lack of health insurance. System-level barriers also exist for Hispanic/Latino individuals which include few Spanish-language programs, long waiting lists, and some programs’ reluctance or inability to admit unauthorized immigrants (Pagano, 2014). Outside of communities, there is a false narrative about the relationship between immigrants with undocumented status and drug-related crime that ignores evidence-based research that shows that most individuals involved in the smuggling, sales and distribution of illicit drugs are United States citizens (Light et al., 2020).

## Multigenerational Trauma

As defined by SAMHSA (2021), trauma includes three key elements: an event, an experience, and lasting adverse effects, which can vary. Accordingly, Hispanic/Latino youth report greater victimization across multiple categories of trauma, such as sexual, physical, and community violence, than White youth, and multiple studies have suggested higher rates of post-traumatic stress disorder (PTSD) (Cerdeña, Rivera & Spak, 2021; Greenwell and Cosden, 2009; López et al., 2017; Pole et al., 2005). More than 75% of migrants from Latin America report histories of trauma (Fortuna et al., 2008; Keller et al., 2017), including pre-migration factors such as war, terrorism, political persecution, and natural disasters (Perreira and Ornelas, 2013); exposures during the process of migration, such as theft, kidnapping, rape, extortion, dehydration, and assault (Vogt, 2013); and post-migration factors such as neighborhood and domestic violence (Chu et al., 2013; Jaycox et al., 2002; Silove et al., 1997). Stress-coping frameworks and the minority stress model have been applied to hypothesize that individuals belonging to various marginalized groups respond to experiences of discrimination with unhealthy coping behaviors, such as substance use (Otiniano Verissimo, 2014, Brave Heart, 2003). Therefore, these diverse stressors experienced within Hispanic/Latino communities have the potential to increase the risk of substance misuse and overdose across generations.

*Sidebar: Trauma and Adverse Childhood Experiences*

Adverse Childhood Experiences (ACEs) refer to a range of traumatic or stressful events that occur during a person’s childhood and can have long-lasting effects on their physical, emotional, and mental wellbeing. These experiences are typically categorized into three main types: abuse, neglect, and household dysfunction. ACEs can have significant and lasting impacts on individuals’ physical and mental health. These experiences are associated with a higher risk of developing chronic health conditions, such as heart disease, obesity, and mental health and substance use challenges. ACEs can have a compounding effect, meaning that the greater the number of ACEs, the more significant the impacts on wellbeing. ACEs impact the developing brain in a way that increases risk- taking, susceptibility to initiating substance use, likelihood of addiction, and vulnerability to relapse.

Research on the prevalence and impact of ACEs among Hispanic/Latino populations has shown that there is a higher prevalence of ACEs among Hispanic/Latino populations and that individuals have a higher total number of ACEs as compared to other populations (Giano et al., 2021). Research also indicates a strong association between ACEs and polydrug use, post-traumatic stress disorder (PTSD), depression, and suicide attempts among reservation-based adolescents and young adults (Brockie et al., 2015), and intimate partner violence, likelihood of incarceration, and suicide attempts among AI/AN women (Jones et al., 2021).

This research is one of the key reasons that it is important for jurisdictions to implement the trauma-informed, recovery- and resiliency-oriented approaches that are embedded within the PS-COPE model. Care comes first, and that means creating safety, building trust, being community- and person-oriented, being culturally responsive, and engaging the community in all aspects of the work.

## Cultural Identity, Traditions, and Practices

There are diverse ethnicities and nations within many Hispanic/Latino communities. The country of origin, and the myriad of cultural practices, traditions, and beliefs inherent within them, play a pivotal role in shaping attitudes towards health and healing, substance use and recovery. It is important to understand and respect these varied cultural elements to construct overdose prevention and response approaches that are sensitive, respectful, and, most importantly, effective.

### Religious Belief Systems

Many families in Hispanic/Latino communities value religion and adhere to a religious belief system. Some studies have found that 70% of Hispanic/Latino individuals self-report to actively identify with a religion (Gamboa, 2023). It is crucial to note that religion can be both a protective factor for mental health in Hispanic/Latino communities, as well as a contributor to stigma against mental health challenges and treatment (e.g., demons, lack of faith, sinful behavior) (Caplan, 2019). Many individuals fear punishment because of their “wrong doings” and continue to disengage from community resources, including religious events and organizations. Recognizing and understanding the influence that religion plays can change the way overdose prevention and response strategies are presented.

One way to acknowledge and work with religious beliefs is to reach out to community leaders and get them involved, particularly leaders of faith-based organizations. Religious leaders can help their community members to see the benefits of formal treatment in response to substance use challenges. When partnering with religious leaders, the narrative of shame and guilt can be shifted to make space for more conducive coping skills. Faith-based leaders and organizations can help shift the focus from punishment to treatment and lean into the potential for behavior modification. They can also help spread information on harm reduction strategies; as well as on the physiological changes that occur with substance use and provide detail on community centers that can provide further assistance.

### Collectivism

Historically, many Hispanic/Latino communities embody a collectivistic culture, valuing importance of all members. Collectivistic cultures are those that prioritize the wellbeing and goals of a group over those of an individual. Collectivistic cultures stress the importance of interdependence, community, collaboration, and group success. These communities also prioritize problem-solving within the group and rely on guidance and resources from within the group. This can inhibit seeking support outside of the community and can exclude external resources and interactions.

### Curanderismo, Santería, and Espiritismo

Many Hispanic/Latino communities have cultural traditions of folk healing reaching back to pre-colonial times, such as Curanderismo, Santería and Espiritismo. *Curanderismo* for example is a traditional form of holistic healing that combines elements of indigenous practices, Spanish folk remedies, and sometimes African healing traditions. A practitioner of curanderismo is called a *curandero* or *curandera*. By acknowledging and respecting the cultural significance of these traditional practices, and by collaborating with local traditional healers and community leaders, public safety can create programs that are respectful, culturally relevant, and effectively address the health needs of Hispanic/Latino communities (Sorrell, 2020; Sanchez, 2018).

### Familisimo

*Familismo* refers to the strong value and commitment to family often found in Hispanic/Latino cultures. This cultural norm emphasizes family cohesion, solidarity, and reciprocity. Familismo can affect the delivery of overdose prevention and response programming. Family input is highly regarded and individuals often prioritize family needs over their own preferences. Decision-making might be collaborative, involving multiple family members. It is crucial for programs to recognize and respect this value, ensuring family involvement and understanding when possible. By acknowledging familismo, programs can offer more culturally consistent care, foster trust, and improve outcomes for Hispanic/ Latino communities.

### Machismo and Marianismo

*Marianismo* and *machismo* are ideas surrounding stereotypical gender roles in the family and in the community amongst Hispanic/Latino populations. These intertwined constructs each hold positive and negative characteristics. *Marianismo* emphasizes the role of women as family-focused, self-sacrificing, chaste, and feminine. Some studies have concluded that adhering to the traditional expectations of *marianismo* is correlated with negative mental health outcomes in Hispanic/Latino women, such as poor emotional wellbeing, increased negative emotions, and higher levels of depressive symptoms (Piña-Watson, et al., 2013; Ciannelli et al.,2008; Cano, 2003; Murguia, 2001).

Traditionally, *machismo* is the idea of being hypermasculine; however, this idea is slowly changing (Arciniega, et al., 2008). *Machismo* describes expectations for men to be masculine, aggressive, domineering, and brave. *Machismo* also encompasses beliefs around gender roles (keeping women in traditional roles), sexual prowess, and limited range of emotional expression. The pressure of adhering to these prescribed roles has been shown to have negative impacts on mental health outcomes, including anxiety, depression, and poor emotional regulation (Wide et al., 2011; Syzdek & Addis, 2010).

Machismo and marianismo expectations can result in risk taking or substance use issues not being addressed due to social stigmas and fear of being judged by others in the community.

### Personalismo

*Personalismo* is a nuanced cultural construct that refers to a value for interacting with persons with whom one has a warm, caring, and trusting personal relationship. This practice involves people who are interacting in an informal or formal capacity, getting to know each other as people first, who have genuine interest in and connection to each other, and exchanging information about topics like their families, cultures, hobbies, interests, and developing rapport prior to any kind of formal topics or discussion (Davis et al, 2019: Mogro-Wilson, Rojas, & Haynes, 2016, Cuéllar, Arnold, & González, 1995).

### Respeto

*Respeto* is another cultural practice related to interactions with elders within families, parenting norms when raising children, and in interactions with authority figures within the community such as religious leaders, doctors, other community leaders, and public safety personnel. This practice often involves showing some level of obedience and high regard for individuals with authority or social status given to them based on age and/or community role. More considerations on how *respeto* may be practiced when it comes to public safety personnel are described in another section below. (Forcén et al, 2023, Calzada. E.J, Fernandez, Y. & Cortes, D.E, 2015).

## Language

One of the most frequently cited barriers for Hispanic/Latino communities is the need for a shared language. Within Hispanic/Latino communities, languages spoken may include English, Spanish, and indigenous languages of Central and South America; some recent migrants may be solely Spanish speaking or only or mostly speak their indigenous languages. Additionally, many PWUD may not use language that explicitly describes their use, instead they use metaphors or other ways to describe their experience. Public safety personnel who are not native speakers may be confused by this and not be able to decipher the reality of the situation. Therefore, it is important that law enforcement and other responders be given resources to help them understand the language being used by the communities they serve.

The need for bilingual first responders and interpreters is crucial. When they are lacking, it often places undue pressure on children to serve as interpreters for family members that do not speak the language of providers. Although helpful in terms of getting communication to their family members, this may create tension in the traditional family roles of parents as care takers, as the roles are reversed. Additionally, many children become privy to information about their parents or family members that may be considered adult content and that they would not otherwise have if not for communication differences.

## Perceptions of Police

There are many factors that impact perceptions (and trust) of police within Hispanic/Latino communities, including demographics, neighborhood context, and who initiates contact. (Bolger, Lytle & Bolger, 2020). Many Hispanic/Latino individuals have experienced discrimination at the hands of law enforcement and been subject to racially biased policing, that is, when a law enforcement officer has used race or ethnicity to determine the way they will intervene (Fridell, et. al, 2021). Many individuals in Hispanic/Latino immigrant communities, especially in the Southwest, report feeling less safe around police officers and law enforcement personnel, do not see law enforcement officers in helping roles, and do not engage with community-oriented policing (Graham et al, 2020). Non-immigrant Hispanic/Latino individuals may be more likely than other ethnicities to have had negative experiences with police, including stops and searches; Hispanics/Latinos are more than twice as likely as whites to experience threatened or less than lethal use of force when police initiates contact (Zimmerman et al, 2021).

Approximately 46% of Hispanic/Latino individuals reported that they are less likely to contact police if they believe police officers will inquire about their immigration status or status of people they know or are with. This percentage rises considerably in populations of individuals with undocumented status: 70% of immigrants with undocumented status reported they are less likely to contact law enforcement if they are the victim of a crime (Theodore, 2013).

# PS-COPE in Practice: Effective Overdose Prevention and Response in Hispanic/Latino Communities

As described in *Public Safety-led Community-oriented Overdose Prevention Efforts (PS-COPE) Toolkit*, PS-COPE approaches (summarized in Figure 1) integrate trauma-informed, recovery-oriented, procedurally just strategies into overdose prevention. Five principles, including creating safety, building trust, being person- and community-oriented, being culturally responsive, and engaging many underpin the program. This looks different in every community.

*Figure 1. PS-COPE Framework*

When they reflect PS-COPE principles and approaches, overdose prevention and response programs in Hispanic/Latino communities have several distinct characteristics of culturally congruent programs.

### Build Trust: Family First

Building trust is a core PS-COPE principle. Given that any intervention, especially in times of crisis, will impact everyone in the family, appropriately engaging family members is crucial to building trust. Understanding and respecting *familismo* is critical in delivering culturally competent care.

Families provide emotional and instrumental support. Caregivers and elders in the family are often the leaders of the family. Effective communication with not only the individual but also the extended family is crucial. Understanding family dynamics and identifying key decision-makers within the family structure can facilitate better outcomes. As mentioned above, families may prefer to make health-related decisions as a family unit, involving multiple family members. They might prioritize family consensus over individual autonomy in making healthcare decisions. Care should be taken to respect the role of family members, and to include them in plans and discussions about risk reduction and treatment.

However, *familismo* may sometimes become a barrier to care if individuals are ashamed to seek help due to wanting not to disclose their substance use to their families or to bring shame to their families. In that case, it is important to respect the individual’s privacy and the extent to which they wish for information to be communicated to families. In addition, due to language barriers, English speaking children may be asked to be interpreters for their parents, which may cause stress and be inappropriate. It is crucial to address language barriers by providing resources to support interpretation to ensure clear and effective communication.

### Engage Many: Connecting with Community

A diverse overdose prevention and response team can demonstrate a commitment to the community’s voice, increases creative and resourceful problem-solving, and lead to more responsive decision making. Seeking feedback from Hispanic/Latino communities to get their questions, opinions, and ideas can help improve interactions with public safety.

Connecting with local community leaders, organizations, and residents can foster trust and enhance the relevance and acceptance of overdose prevention and response initiatives. Establishing partnerships with local Hispanic/Latino communities leaders and organizations is key; it enables a dialogue where public safety can listen and learn about the unique needs, preferences, and values of different subgroups, facilitating the adaptation and creation of more culturally and linguistically appropriate services. Programs should also seek feedback from Hispanic/Latino people with lived experience of substance use to ensure relevance to the population. Additionally, conducting community outreach through local events, gatherings, or forums helps in reaching out to a broader audience, disseminating relevant information, and receiving feedback directly from community members.

These collaborations can create a sense of ownership and commitment towards overdose prevention and response initiatives. Engaging local leaders and residents in the decision-making processes ensures that their voices are heard and their insights and concerns are addressed, fostering a sense of respect and mutual understanding. It enhances the likelihood of the community embracing and sustaining the initiatives in the long term, even becoming advocates themselves. This community-driven approach not only leverages local knowledge and resources but also contributes to building resilient communities that can respond more effectively to the challenges associated with substance use and overdoses.

### Create Safety: Use Trauma-Informed Approaches

Incorporating trauma-informed approaches within the Hispanic/Latino communities is essential to address the unique socio-cultural aspects, historical context, and collective experiences of trauma in this community. Incorporating cultural practices, such as the practices of *familismo*, *personalismo*, and *collectivismo* into interactions; using relationship-focused and family-centered methods; and supporting choice and control whenever possible.

### Respond in Culturally Appropriate Ways: The Spirit of *Promotores*

*Promotores* are individuals who serve their Hispanic/Latino communities with the intention to improve conditions so that future generations can access and experience healthy and safe environments. Employing *promotores* who provide education and resources is a ready-made solution for overdose prevention and response. The most important role of *promotores* is that they can advocate for community needs. Since most are community members, often they have access to segments of the community that public safety officers may not, and an understanding of what it takes to effectively engage a community.

# Cultural Considerations for Adapting and Using PS-COPE Tools

The tools in the PS-COPE toolkit are general by design, but they do not provide a one-size-fits-all approach. They will need to be adapted for the specific communities and cultural contexts in which you are working.

Adapting materials for Hispanic/Latino populations requires a thoughtful, respectful, and collaborative approach that recognizes the importance of preserving and celebrating Hispanic/Latino cultures and knowledge. It is essential to work directly with people who have lived experience within Hispanic/Latino communities to co-create materials that meet their specific needs and aspirations. There are six key considerations to keep in mind:

* 1. Recognize variations among and between Hispanic/Latino identities. Each Hispanic/Latino ethnic identity has its own distinct traditions, dialects, and cultural practices. When possible, avoid generalizations and tailor the materials to the specific community you are addressing. For communities of recent migrants, keep in mind that there can be much variation across groups of Hispanic/Latino individuals who come from different countries of origins and specific regions within those countries. Staying curious about specific traditions, dialects, and cultural practices, related to substance use, health and healing is important.
	2. Consider a strengths-based approach in working with Hispanic/Latino communities. Using an approach that looks for the inherent strengths in communities of people not like oneself, may allow one to find those strengths more quickly, and connect better with these communities, coming from a place of respect, openness and shared humanity. For groups of Hispanic/Latino communities who often face stigma, prejudice, discrimination and stereotyping, it is important to keep in mind the full complexity of individuals and families within these communities.
	3. Use language that resonates with the target audience. This includes using appropriate idioms, expressions, and colloquialisms that are familiar to them. The tone should also align with the cultural context, whether formal, informal, or somewhere in between. Ideally, a tool should be available in Spanish (and possibly specific indigenous languages spoken in Latin America), and the translation should be done with or by persons with clinical or health messaging experience. Health messaging experts recommend considering literacy levels of the audience and using plain and simple language with images and visuals.
	4. Include vibrant visual representations. Consider the use of images, illustrations, and graphics that are culturally relevant and relatable to the audience. This could include incorporating culturally relevant themes, such as *familismo*, by using graphics of families enjoying each other’s company or collaborating with community outreach services. Ensure that the visuals do not contain any culturally inappropriate symbols or gestures.
	5. Use local examples and context. Incorporate examples, themes, and references that are relevant to the audience. Use local references, when possible, to help the audience better relate to the material.
	6. Seek feedback. Involve Hispanic/Latino community members in the adaptation process from the outset. Engaging with Hispanic/Latino people with lived experience of substance use, community leaders, including faith-based/religious leaders, indigenous community leaders, and educators can provide valuable insights and ensure that the materials are culturally appropriate and relevant.
	7. Collect data. Most public safety organizations already collect data for continuous quality improvement. Data collection in Hispanic/Latino communities, as with other communities, involves gathering information to understand quality and effectiveness of services. These processes help organizational leaders craft solutions specific to the needs of their community. This is crucial for addressing disparities and ensuring that Hispanic/Latino communities receive adequate support in addressing overdose issues, but it also presents distinct challenges:
* *Stigma.* Stigma surrounding substance use and overdoses, coupled with mistrust of public safety agencies, can hamper data collection efforts and willingness to report overdoses.
* *Language and cultural barriers.* Ineffectual communication due to language differences and cultural misunderstandings can lead to inaccurate data and can impede the effectiveness of response efforts.
* *Legal and immigration concerns.* Trust in government institutions, and previous experiences with government and public safety personnel will vary and may affect willingness to disclose personal data. This is especially the case for families with mixed immigration statuses, who may have reservations and fears related to any documentation that could lead to deportation. Fears related to legal repercussions and immigration status can deter individuals from seeking help or participating in data collection, leading to underreporting.
* *Access and inequality issues.* Inequitable access to healthcare and social services can result in inadequate data and can impact the effectiveness of overdose prevention and response strategies.

# Conclusion

The overdose crisis is a nationwide emergency that needs to be addressed on a community-by-community basis. Overdose prevention and response within Hispanic/Latino communities requires attention to the specific populations being served. Existing efforts to address substance use and overdose within Hispanic/Latino communities have been successful when programs have been co-created with the community and are responsive to the communities’ cultures and unique needs. This companion document expands upon the PS-COPE framework, an approach to implementing public safety-led overdose prevention and response programs that integrates principles of trauma-informed approaches, recovery-oriented systems, and procedural justice practices to guide public safety-led overdose prevention and response efforts. This framework can be adapted for use in Hispanic/Latino communities to create safety, build trust, promote effective overdose prevention, and increase recovery.

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