

PS-COPE: A NEW APPROACH TO PUBLIC SAFETY-LED OVERDOSE PREVENTION

Public Safety-led Community-oriented Overdose Prevention Efforts (PS-COPE) is a new approach to overdose prevention and response in Black, Indigenous and people of color (BIPOC) communities.

PS-COPE draws from three established frameworks:

1. Trauma-informed approaches.
2. Recovery-oriented systems of care.
3. Procedural justice.

Procedural justice emphasizes fair processes. It is about how public safety officers interact with the public, as well as what they do ([Kunard & Moe, 2015](#)). When public safety encounters are procedurally just, individuals are more likely to cooperate voluntarily since they view the process as being more legitimate ([Fair and Just Prosecution, 2017](#)).

PS-COPE can improve public safety officers' understanding of how systemic issues in their community contribute to overdose risk. It can also reduce the potential for trauma and re-traumatization. The main goals of PS-COPE are to:

1. Foster collaboration with community partners.
2. Reduce the burden of overdose prevention and response on public safety.

PS-COPE brings together public safety, treatment providers, people with lived experience and community partners. It can improve safety, increase recovery, reduce overdose risk and reduce the number of individuals involved with the criminal justice system.

The five principles of PS-COPE are:

1. **Create safety.** Promote individual welfare and protect people from physical and psychological injury.
2. **Build trust.** Communicate openly with the community and be responsive to questions, concerns and feedback.
3. **Be person- and community-oriented.** Identify individual and community needs and take them into account when implementing programs.
4. **Be culturally responsive.** Maintain dignity and respect for diversity in all interactions.
5. **Engage many.** Ensure that there are diverse voices at the table and in key decision-making positions.



This work is supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$225,000 with 100% funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, CDC/HHS or the U.S. Government.