

# PUBLIC SAFETY-LED COMMUNITY-ORIENTED OVERDOSE PREVENTION EFFORTS IN HISPANIC/LATINO COMMUNITIES:

*Companion to the PS-COPE Toolkit*



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NATIONAL COUNCIL  
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## PROJECT TEAM

### **Flannery Peterson, MPH, PMP**

**Director**, National Council for Mental Wellbeing

### **Yoon Hyung Choi, PhD**

**Director**, National Council for Mental Wellbeing

### **Elizabeth Burden, MS**

**Senior Advisor**, National Council for Mental Wellbeing

### **Paula Zaremba, MHS**

**Project Manager**, National Council for Mental Wellbeing

### **Rachel Palicte**

**Project Coordinator**, National Council for Mental Wellbeing

### **Theresa Davison**

**Intern**, National Council for Mental Wellbeing

### **Mari Aceves, EdD, DSW, BCBA**

**Consultant**, National Council for Mental Wellbeing

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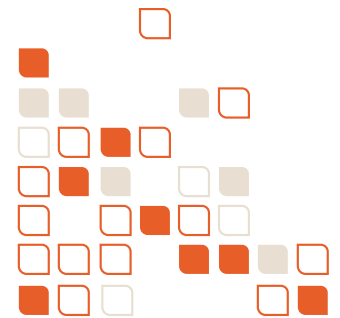


# Introduction

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

This PS-COPE companion document is designed for public safety agencies that work in largely Hispanic/Latino communities and focuses on the unique contexts of those communities and approaches for working with the diverse populations that comprise them. It highlights the intersecting historical, socioeconomic and cultural factors that influence response strategies. The introduction describes the overdose epidemic in Hispanic/Latino communities and provides terminology. 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.

The PS-COPE framework presents a holistic approach to overdose prevention and response. The framework underscores that effective strategies must recognize cultural nuances and include harm reduction, comprehensive service provision and community collaboration.





## **The Overdose Epidemic in Hispanic/Latino Communities**

Hispanic/Latino people comprise the second-largest minority group in the United States, currently 18.7% of the population (Jensen et al., 2021) and expected to grow to 30% of the U.S. population by 2060 (Chau, 2020).

The overdose epidemic, while a national public health crisis, disproportionately affects Hispanic/Latino families and communities. From 2010 to 2021, overdose rates grew by 287.5% among Hispanic communities, compared to 160% for non-Hispanic populations (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 to 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 (HHS, 2021).

### **WHAT'S IN A NAME: IDENTITY TERMS**

Although the terms Hispanic and Latino can be used interchangeably, they emerged at different times across the late 20th century. The term Hispanic emerged after Puerto Rican, Mexican American and Cuban American organizations pushed for representation in U.S. 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 (or Latina) emerged as an alternative, appearing in the 2000 Census alongside Hispanic. Latino and Latina refer to individuals from, or with family roots in, countries in Latin America (including Brazil, where Portuguese is the official language) 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 Spanish generally ends words with feminine associations with “a” and uses “o” with words with a masculine association (Noe-Bustamante et al., 2020). However, Latinx 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 either.



# Public Safety Roles

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

## ***Public Safety as Educators***

Some people in Hispanic/Latino communities may not be aware of the extent of the overdose crisis or the community impacts of substance use. First responders and other public safety professionals can strengthen relationships by reaching out to community members, learning their specific areas of concern, helping them understand the impacts of the overdose crisis, and sharing possible solutions.

## ***Public Safety as Connectors***

First responders often learn details of an individual's medical history and needs while responding to a health crisis. This can be an opportunity to share resources and connect people to treatment via primary care clinics and harm reduction services such as syringe service programs. Additionally, given rates of co-occurring substance use and mental and physical health challenges, referrals to medical care in each of these domains may be helpful. The whole health of the whole family is important when considering referrals, especially in communities where familismo — the strong value and commitment to family often found in Hispanic/Latino cultures — is practiced and valued.

## ***Public Safety as Collaborators***

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

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 educational events that take into account the whole-person health (e.g., physical, mental, spiritual domains) of individuals and communities, addressing overall health literacy, including substance use challenges and overdose risk, as well as 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 acculturation 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 to engage with students who use substances and promote further interaction



with behavioral health providers (Willging & Sebastian, 2023). Additionally, several faith-based and community initiatives through the Substance Abuse and Mental Health Services Administration (SAMHSA) provide resources to religious 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, Calif., Police Department regularly hosts “Paletas con Policia” (Popsicles with Police), which is designed to build trust and relationships 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 Police Department, a bilingual and bicultural community outreach program staffed by Spanish-speaking officers, also provides opportunities for public education and engagement (Metropolitan Government of Nashville & Davidson County, 2023).
- 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. San Francisco’s Community Justice Center, a collaboration between San Francisco’s Superior Court, Sheriff’s Department, Police Department and other local governmental and community-based organizations, for example, has an overarching goal to provide social services and alternatives to incarceration for non-violent drug-related offenses (Superior Court of California, County of San Francisco, 2023). Its Nuevos Destinos program links the Center’s monolingual Spanish-speaking clients to substance use treatment and supportive services such as case management, job training and housing assistance (Bureau of Justice 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 programs aim to reduce overdose deaths and often have a coordinated team of responders — typically a law enforcement officer, an emergency medical technician, a treatment provider and, increasingly, a peer specialist. There are also behavioral 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 substance use disorders (SUD) to treatment and support services (BJA, 2021; BJA, 2022b).
- 5. Reentry and continuity of care programs aim to prevent overdose among people returning to 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 medication-assisted treatment (MAT), case management, behavioral health and housing services while they are still incarcerated. On the West Coast, the Post-release Reentry Program from Whole Person Care Los Angeles (WPC-LA) provides mentorship, appointment adherence support, transportation vouchers, identification and SUD treatment and many other items. Of the 25,745 people enrolled in their program in 2022, 45% were of Hispanic/Latino descent (Los Angeles County Department of Health Services, 2022).

When law enforcement officers position themselves as educators, accountable problem solvers and bridges to community resources, they model the collectivistic cultures of Hispanic/Latino communities. 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

A range of distinct factors 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 include 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, whereas structural determinants shape the distribution of power, income, goods and services, which ultimately determines 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 Hispanic/Latino people in accessing community resources. Generally, the SES of Hispanic/Latino communities is significantly lower than non-Hispanic white communities, 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 for non-Hispanic 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 effective and accessible health care. 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 also 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 (Agency for Healthcare Research and Quality, 2021). Hispanic/Latino people with SUD underutilize treatment, even when controlling for whether they have insurance, socioeconomic status and problem severity (Pinedo, 2019; Pinedo et al., 2018). Once in contact with behavioral health services, Hispanic/Latino people are at greater risk for poor treatment outcomes (National Institute on Drug Abuse, 2011) and are less likely to complete treatment (Saloner & Le Cook, 2013).



## **Immigration Status**

Immigration status is another barrier to services. Individuals with undocumented status comprise an estimated 12% 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, 2023). Although eligible, immigrants with undocumented status are less likely to participate in private health insurance programs because they work jobs that do not offer this benefit. This can lead to inadequate pain care after an occupational injury, which can cause someone to seek illegal opioids to manage pain.

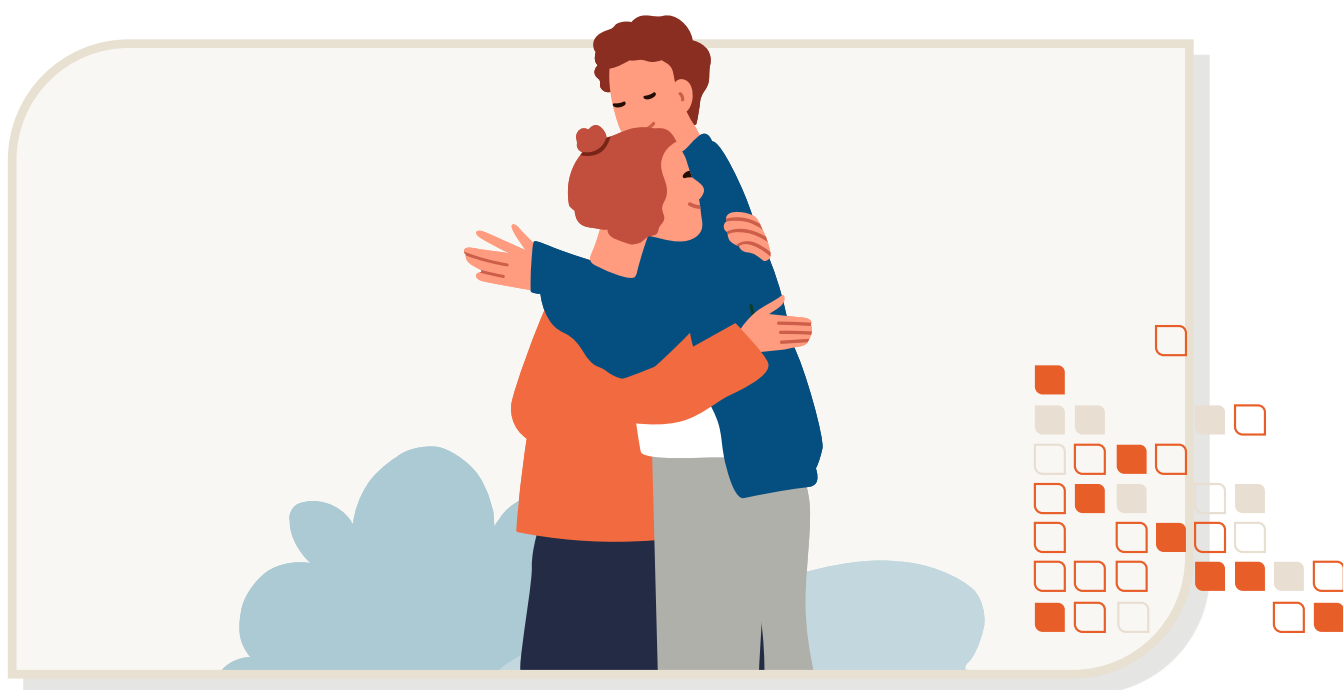


When a Hispanic/Latino individual who uses drugs is also an immigrant with undocumented status, they face a different set of barriers to care than immigrant or non-immigrant counterparts with documented status, due to the additional stigma and discrimination related to drug use both within and outside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



## Multigenerational Trauma

Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being (SAMHSA, 2021). Hispanic/Latino youth report greater victimization across multiple categories — such as sexual, physical, and community violence — than non-Hispanic white youth, and multiple studies have suggested higher rates of post-traumatic stress disorder (PTSD) (Cerdeña et al., 2021; Greenwell & 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 & 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 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.





## 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, and they're associated with a higher risk of developing chronic health conditions, such as heart disease, obesity and mental health and substance use challenges. ACEs can also 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 a higher prevalence of ACEs and a higher total of ACEs for individuals than in other populations (Giano et al., 2021). ACEs were associated with depressive symptoms, body mass index, smoking, alcohol use, cancer, coronary heart disease, and chronic obstructive pulmonary diseases (Llabre et al., 2017). Research also indicates there is an intergenerational impact of ACEs (Ochoa et.al, 2022).

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 Hispanic/Latino communities. The country of origin's cultural practices, traditions and beliefs 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, while religion can be a protective factor for mental health in Hispanic/Latino communities, it can also contribute to stigma against mental health challenges (e.g., demons, lack of faith, sinful behavior) and treatment (Caplan, 2019). Many people fear punishment for their "wrongdoings" 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 involve community leaders, 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 positive coping skills, changing the focus from punishment to treatment and leaning into the potential for behavior modification. They can also help spread information on harm reduction strategies, the physiological changes that occur with substance use, and details on community centers that can provide further assistance.



## **Collectivism**

Historically, many Hispanic/Latino communities embody a collectivistic culture, prioritizing 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**

Many Hispanic/Latino communities have cultural traditions of folk healing reaching back to pre-colonial times, such as curanderismo, santería and espiritismo. Curanderismo, a traditional form of holistic healing, 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 traditional practices and 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).



## **Familismo**

Familismo 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 for Hispanic/Latino communities can offer more culturally consistent care, foster trust and improve outcomes.



## **Machismo and Marianismo**

Machismo and marianismo 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.

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 and encompasses beliefs around gender roles (keeping women in traditional roles), sexual prowess and limiting the 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).



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). Machismo and marianismo expectations can result in risk taking or substance use issues not being addressed because of 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 people 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, have genuine interest in and connection to each other, discuss topics like their families, cultures, hobbies or interests, and develop rapport prior to any kind of formal topics or discussion (Davis et al., 2019; Mogro-Wilson et al., 2016; Cuéllar et al., 1995).



## **Respeto**

Respeto is related to interactions with elders within families, parenting norms when raising children, and interactions with authority figures within the community, such as religious leaders, doctors and public safety personnel. This practice often involves showing some level of obedience and high regard for individuals with authority or social status based on their age and/or community role. (Forcén et al., 2023; Calzada et al., 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. However, some recent migrants may solely speak Spanish or their indigenous languages. Additionally, many people who use drugs may describe their experience using metaphors or other figurative language that does not explicitly describe their use. This can confuse public safety personnel who are not native speakers — and they may 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. Where 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. While that may be helpful in terms of getting information to their family members, it can also create tension as it reverses the traditional family role of parents as care takers. Additionally, the 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 et al., 2020). Many Hispanic/Latino individuals have experienced discrimination at the hands of law enforcement and have been subject to racially biased policing, that is, a law enforcement officer has used race or ethnicity to determine how they will intervene (Fridell et al., 2021). Numerous 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 people may be more likely than individuals of other ethnicities to have had negative experiences with police, including stops and searches. In fact, Hispanic/Latino people are more than twice as likely as white people to experience threatened or less-than-lethal use of force when police initiate 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 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).

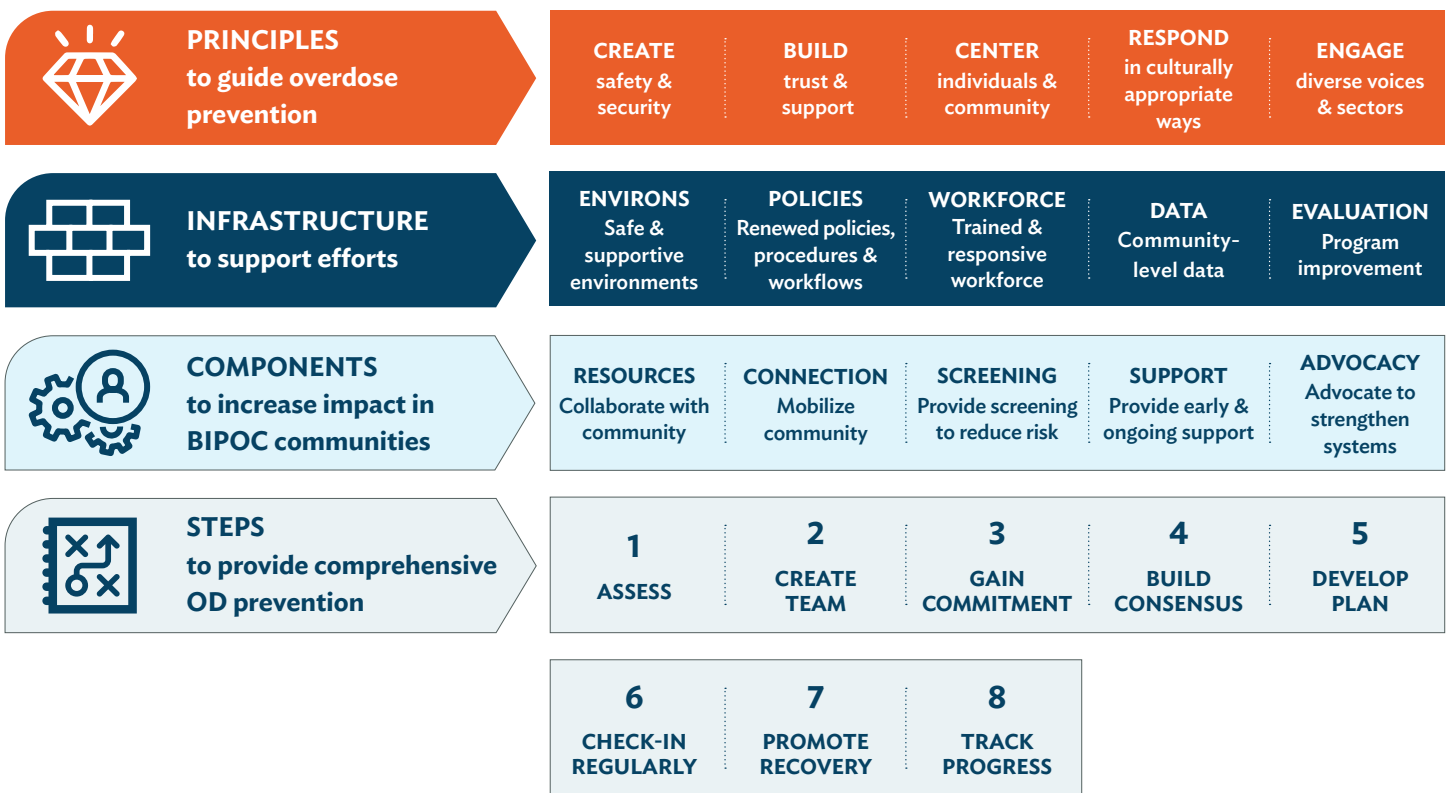




# PS-COPE in Practice: Effective Overdose Prevention and Response in Hispanic/Latino Communities

As described in the PS-COPE Toolkit, PS-COPE approaches (Figure 1) integrate trauma-informed, recovery-oriented, procedurally just strategies into overdose prevention. Five principles — 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.

### ***Building 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 to delivering culturally competent care.

Families provide emotional and instrumental support, often with caregivers and elders in the family as the leaders. Effective communication with the family as well as the individual is crucial. Understanding family dynamics and identifying key decision-makers within the family structure can facilitate better outcomes. 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 health care decisions. Take care to respect the role of family members and include them in plans and discussions about risk reduction and treatment.

Familismo can become a barrier to care if a person is ashamed to seek help or doesn't want to disclose their substance use for fear of bringing shame to their family. In that case, it is important to respect the individual's privacy and the extent of the information they want to be communicated to their family. Because 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 for interpretation to ensure clear and effective communication.

### ***Engage Many: Connect With the Community***

A diverse overdose prevention and response team can demonstrate a commitment to the community's voice, increase creative and resourceful problem-solving, and lead to more responsive decision making. Seeking feedback from Hispanic/Latino communities and learning 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 opens a dialogue where public safety can listen and learn about the unique needs, preferences and values of community subgroups, facilitating the adaptation and creation of more culturally and linguistically appropriate services. Programs should also seek feedback from Hispanic/Latino persons with lived experience of substance use to ensure relevance to the population. 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.

Collaborations like these can create a sense of community ownership and commitment to 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 members of the community embracing and sustaining the initiatives in the long term, even becoming advocates themselves. This community-driven approach leverages local knowledge and resources, 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 is essential to address the unique socio-cultural aspects, historical context and collective experiences of trauma within the Hispanic/Latino communities. Incorporate cultural practices, such as familismo, personalismo and colectivismo into interactions; use relationship-focused and family-centered methods; and support choice and control whenever possible.

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

Promotores serve their Hispanic/Latino communities with the intention to improve conditions so 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 the 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. You will need to adapt them for the specific communities and cultural contexts in which you work.

Doing that 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. Keep these key considerations 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. Avoid generalizations and, when possible, 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 individuals who come from different countries and even 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 may allow you to find those strengths more quickly and connect better with these communities, coming from a place of respect, openness and shared humanity. For Hispanic/Latino communities, which often face stigma, prejudice, discrimination and stereotyping, it is important to keep in mind the complexities of individuals and families within the community.
- 3. 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.
- 4. Use language that resonates with communities served.** This includes using appropriate idioms, expressions and colloquialisms that are familiar to them. The tone (formal, informal or somewhere in between) should also align with the cultural context. Ideally, make tools available in Spanish and possibly specific Indigenous languages spoken in Latin America. Translations should be done with or by persons with clinical or health messaging experience. Health messaging experts also recommend considering literacy levels of the audience and using plain and simple language with images and visuals.
- 5. Include vibrant visual representations.** Try to use 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.
- 6. Use local examples and context.** Incorporate examples, themes and references that are relevant to the audience. When possible, use local references to help them better relate to the material.



- 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 health care 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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