ENVISAGING THE FUTURE OF POLICING AND PUBLIC HEALTH

INNOVATIVE DIVERSION, DEFLECTION AND REFERRAL PROGRAMS FROM AROUND THE WORLD

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ABOUT THIS REPORT

In September 2022, the Global Law Enforcement and Public Health Association held a major event series called the 'Marketplace of Ideas', which showcased practical and innovative approaches to addressing public health issues that have traditionally been criminalised or over-policed, with a particular focus on policing and policing alternatives. The United Nations Office on Drugs and Crime was a major supporter of the event series.

This report summarises the key learnings and discussions stemming from the event's Diversion and Deflection Session in which four exciting programs from around the globe were selected to present their unique approaches to leveraging the intersections of law enforcement and public health by diverting people way from arrest into social and health services. In this report, we look across these four case studies to examine the key elements of the programs, to discuss their common characteristics, and to demonstrate importance of collaborating across sectors to change perspectives and improve community safety, health, and wellbeing outcomes.

A video recording of the full session can be viewed here: https://glepha.com/moi-video/

INTRODUCTION:

FORMING POLICE AND PUBLIC HEALTH PARTNERSHIPS TO DIVERT PEOPLE OUT OF HARM'S WAY

The term 'diversion' refers to pathways into public health programs that can be provided either alongside or as an alternative to criminal justice sanctions, such as arrest or prosecution (Barberi and Taxman 2019, Sondhi and Eastwood 2021, Stevens et al. 2019, Price et al. 2019). Diversion often acts as an alternative to arrest and is used in cases where an offense has been committed but there is a recognition that the behaviour was driven by underlying public health-related issues, such as drug use or mental health challenges.

Diversion can include a range of interventions including case management, peer navigation, social work interventions and non-fatal overdose outreach support (Barrett et al. 2022, Hayhurst et al. 2017, Law Enforcement Assisted Diversion 2021, Sondhi and Eastwood 2021, Stevens et al. 2019). Although diversion often acts as an alternative to arrest, it can also operate in tandem with criminal justice processes, embedding health-based support within criminal sanctions (Price et al. 2020).

The term 'deflection' is used in some contexts to refer to early interventions that deflect people away from criminal justice involvement at the earliest possible opportunity (Legislative Analysis and Public Policy Association 2021). Deflection programs can include self-referral pathways, where individuals can approach frontline workers, including police, to request referrals to service providers. Deflection can also include outreach interventions where frontline workers actively seek out individuals who they know are in acute need of health, social care, housing or welfare support (Clifasefi et al. 2017).

Both deflection and diversion are terms that retain some fluidity and there is some debate surrounding how these terms should be used. However, broadly speaking, both terms tend to refer to pathways into public health programs that can be provided when people with complex problems come into contact with police or other first responders. The term 'arrest referral' is used to refer to programs that provide a formal route to support services after the time of arrest (Barberi and Taxman 2019).

There is a growing body of evidence demonstrating that these types of cross-sector partnerships and collaboration between police and public health actors are crucial if we are to meaningfully respond to the safety and well-being needs of communities. But we need to know more about how and why these partnerships works in practice so that we are better equipped to design and implement effective programs in future. There is a global need to identify and document practical measures that provide appropriate social and health services to people with unmet needs, to keep people out of the criminal justice system, and to reduce society's massive over-reliance on incarceration.

In this report, we showcase four examples of practical programs that are trying something new, which we display as case studies:

- Police referral programs supported in Belarus, Moldova, Kazakhstan and Ukraine.
- The Villa Maraini emergency unit and 'alternatives to prison project' in Italy.
- Law Enforcement Assisted Diversion in the United Kingdom, United States and South Africa.
- A pilot Law Enforcement Assisted Diversion model in Vietnam.

CASE STUDY 1:

POLICE REFERRAL PROGRAMS IN BELARUS, MOLDOVA, KAZAKHSTAN AND UKRAINE

Since 2013, the United Nations Office on Drugs and Crime (UNODC) has been receiving requests from civil society organisations and other funding bodies interested in evaluating and reforming their approach to law enforcement, HIV and harm reduction. In response to these requests, the UNODC has developed several educational and training models, a national curriculum, and an online e-learning platform which is available for organisations to use when developing partnerships with law enforcement agencies.

The UNODC's current focus is on providing education and guidance to a range of agencies that come into contact with people who are at risk of contracting HIV. The resources include training manuals for law enforcement officers to explore innovative and partnership-based approaches to reducing the incidence of new cases of HIV, as well as training curriculum for police training academies in Armenia, Afghanistan, Belarus, Brazil, Kazakhstan, India, Kenya, Kyrgyzstan, Moldova, Myanmar, Nigeria, Pakistan, the Philippines, South Africa, Thailand, Tajikistan, Vietnam, Ukraine, and Uzbekistan. The organisation additionally provides training and education for civil society groups, politicians, policymakers, educational staff and social services agencies, and supports partnerships between agencies.

The UNODC highlights several examples of positive practices from their experiences across the Eastern Europe and the Central Asian region. The first example comes from the Republic of Moldova, where the UNODC has been supporting the development of a shared outreach team in which civil society workers, healthcare providers and, where appropriate, police officers travel together to specific locations. The teams go door to door offering on-the-spot services, which include personalised consultations and testing for HIV, tuberculosis, and hepatitis C. During

these consultations, the attending workers identify the needs of the person and provide direct referrals to health, welfare, and social services. This outreach and dual responder model is used to help overcome the barriers many people face when living in communities on the periphery of infrastructure, where access to services is often low.

A second example is the UNODC's work in supporting law enforcement and civil society partnerships in Ukraine to address the needs of people released from prison. With the UNODC's support, the civil society organisation *Light of Hope* based in Poltava city started a referrals pilot in 2016. In 2019, the pilot had been approved by the local government and sustained by the Poltava city budget. In this example, civil society representatives and law enforcement officers conducted outreach as part of their community engagement activities. They spoke to people who use drugs and have been released from prison to learn more about their life situation, current needs, and how they feel these needs could be met by accompanying case management services.

Concerning all its programs in the region, the UNODC emphasises the importance of training different stakeholders from multiple sectors to enhance the potential for interagency collaboration. To date, this has included developing educational and advocacy materials to help

organisations connect. Current training manuals available from the UNODC's website cover workplace safety and security, harm reduction approaches to reduce potential HIV transmission, and the role of law enforcement and other agencies in providing access to services.

CASE STUDY 2:

THE VILLA MARAINI EMERGENCY UNIT AND 'ALTERNATIVES TO PRISON' PROGRAM IN ITALY

Villa Maraini Foundation is a drug use treatment centre based in Rome that has been operating since 1976 as a service of the Italian Red Cross. Villa Maraini offers several programs including an emergency response unit for suspected overdoses and other drug-related emergencies, and an alternative to prison project.

The emergency unit consists of a professional team comprising doctors, social workers (former drug users) and Red Cross volunteers, who go out in to the community in a designated vehicle to respond to drug-related emergencies across the city. There is a dedicated free telephone hotline that is operational 24 hours per day, seven days per week, and enables people in the community to report overdoses. The response team is able to administer naloxone to reduce the likelihood of fatal overdose and can issue opioid substitution therapy where required. The emergency unit also receives calls from multiple sources, including police stations and courts, and can provide medical assistance and overdose prevention to people under arrest.

People who are arrested for drug-related offences are offered psychological and/or counselling sessions inside prisons to assess their eligibility for the Alternative Measures to Detention program and to assess their motivation for change. Prison Project Workers come from diverse disciplinary backgrounds and include social workers, community educators, psychologists, and volunteers. For people that are assessed as being suitable for the program, the team can offer alternatives to imprisonment such as residence in a therapeutic community. The residential rehabilitation program involves regular psychological therapy, group and individual counselling, and integration activities to strengthen the involvement of each person's family in their recovery journey. Villa Maraini also conducts public awareness campaigns on the nature of drug use. These campaigns advocate that, first and foremost, people who use drugs are people in need of compassion and support.

As one of its future programs, Villa Maraini is exploring the potential to develop a pre-arrest diversion agreement protocol that police can use to connect people with drug-related problems with supportive programs, deflecting them away from arrest. Once developed, this new program will offer alternatives to arrest alongside alternative pathways to drug treatment and other forms of support. At present, the work of Villa Maraini operates without formal agreements with law

enforcement agencies, which means inter-agency collaboration is based upon practitioner willingness to work together to reduce drug-related health harm. Operators of the program note that formal agreements in future could have the potential to expand and extend multi-sectorial partnerships and inter-sector collaboration.

CASE STUDY 3:

LAW ENFORCEMENT ASSISTED DIVERSION/LET EVERYONE ADVANCE WITH DIGNITY IN THE UNITED STATES, SOUTH AFRICA AND THE UNITED KINGDOM

Law Enforcement Assisted Diversion/Let Everyone Advance with Dignity (LEAD) is a public health response to criminal offenses driven by unmet behavioural health needs, extreme poverty or homelessness. Established in 2011 in Seattle, United States, in response to the failed 'War on Drugs' and its disparate impact on people of colour, LEAD seeks to stop the ineffective and often harmful responses of the criminal legal system. Instead of continuing the harmful cycle of arrest, LEAD diverts people out of the criminal legal system and into a long-term system of care. To date, the model has taken hold in 85 jurisdictions in the United States, and is currently being introduced in South Africa, the United Kingdom and Vietnam.

In the United States, the LEAD Support Bureau collaborates with stakeholders to provide strategic guidance to operate with fidelity to the model. Bernalillo County in New Mexico, is one jurisdiction in which the implementation of the model has been particularly effective. In

Bernalillo, all aspects of LEAD have been implemented including the community-based Let Everyone Advance with Dignity approach whereby community members refer people to LEAD. The LEAD model in Bernalillo plays a central role in the community-driven public safety approach that includes community responders, crisis intervention teams and allows for cross-system collaboration to ensure that people with unmet behavioural health needs are provided the highest level of care. All of this happens outside of the criminal legal system in a truly innovative process.

In Durban, South Africa, the Bellhaven Harm Reduction Centre has brought high quality harm reduction services to people who use drugs by drawing on the tenants of the LEAD model. When the COVID-19 pandemic lead to lockdowns across the country, the Centre became a one-stop drop-in service for people who inject drugs. Staffed with medical professionals, the Centre provides care to low-income and homeless individuals, such as methadone treatment, and links people up to an array of clinical and other support services in accordance with World Health Organisation guidelines. The next phase of the Bellhaven project will be to develop referral processes so that the Durban Metro Police can make referrals to the Centre's LEAD Case Manager, further expanding the Centre's harm reduction approach to public safety.

In the United Kingdom, non-governmental organisation Revolving Doors champions long-term solutions for justice reform that tackle the root causes of reoffending and support efforts to bring pre-arrest diversion to the country. In 2020, Revolving Doors partnered with the LEAD Support Bureau in the United States to complement their three-year 'New Generation Policing' project. The project supports law enforcement agencies in developing interventions to prevent young adults from being caught in the cycle of crisis and crime. One of the key principles underlying the project is the importance of diverting young offenders away from the criminal legal system into holistic services that address the drivers of crime. Revolving Doors has adopted the LEAD approach with the aim of filling a gap in the continuum of post-arrest initiatives that currently exist in the United Kingdom. Through a system of social contact referrals, the program allows officers, regardless of an offender's history, to be able to proactively refer individuals to long-term care.

By looking across examples from three countries – the United States, South Africa and the United Kingdom – we are able to see how the LEAD model can be adapted to effectively respond to the public safety and wellbeing needs of specific jurisdictions and how the model can be implemented in diverse settings with different levels of resourcing.

CASE STUDY 4:

PILOT LAW ENFORCEMENT ASSISTED DIVERSION MODEL IN VIETNAM

The new Law Enforcement Assisted Diversion model has been rolled out in 3 districts of Vietnam, namely Long Bien, Nam Tu Liem and Hoan Kiem. The Centre for Supporting Community Development Initiatives (SCDI), a Vietnamese non-governmental organisation, supported the Hanoi Department of Labour, Invalids and Social Affairs to develop the model with the aim of reducing punitive approaches toward people who use drugs and promoting drug-related health harm reduction. The model provides routes to psychological, welfare and community-based support to address individuals' underlying needs. Since its inception, the program has played a key role in coordinating and strengthening partnerships between law enforcement, health and social care services.

The voluntary addiction treatment program initially faced some challenges related to a commonly held, culturally-embedded belief in Vietnam where drug use is conceptualised as a 'social evil'. This

conceptualisation had led to harsh, enforcement-heavy responses to drug use, and a lack of recognition that there are interventions that can reduce drug-related health harm. To overcome this perspective, SDCI has provided training and advocacy to reframe police and societal attitudes toward drug use and to create an understanding that people who use drugs are citizens deserving of care and support. At these training events, multiple stakeholders come together to discuss key issues and learn more about the treatment program. The program demonstrates the importance and value of advocacy, education and building relationships between agencies to challenge institutionalised perspectives. Through shared learning platforms, the program has created opportunities to conceptualise and embed new approaches.

On account of advocacy and training offered by the organisation, police officers have played a key role in creating acceptance of the LEAD model within the country. Similar to the roll out of LEAD approaches in other countries (see Case Study 3 of this report), frontline workers connect people who use drugs with experienced case managers who assess the needs of the individual and identify suitable services for them. In the Vietnamese context, this results in rapid screening and immediate referrals to drug counselling or treatment. The program emphasises the importance of providing tailored services, adopting a harm reduction

approach, and viewing each person's health, welfare and social needs as underlying factors that can be addressed as part of a package of services.

The initial 'hook' that encourages police to refer people to the treatment program is the promise that the program will facilitate ongoing connections and referral pathways to service providers. The organisation has seen some progress in changing beliefs about drug use, although the program remains a 'work in progress'. In an evaluation conducted in 2021, in addition to many positive findings, some police officers expressed concern that referring people to the program increased their workload. Meanwhile, the police continue to refer to compulsory drug detoxification centres, an issue that the LEAD program has been trying to advocate against. Despite these challenges, the program is an excellent example of the value of advocacy and education in uniting multiple sectors and challenging institutionalised beliefs.

DISCUSSION

KEY LEARNINGS ACROSS CASE STUDY PROGRAMS

Although there are different approaches to deflection, diversion and arrest referral, there are some common themes and key learnings evident across the case studies that we can learn from.

Key learning 1: The success of deflection, diversion and arrest referral often depends on the program being able to break down professional silos, encouraging multiple agencies to work together to address complex needs.

In some examples, such as the Bellhaven case study in South Africa, police were architects of a new approach that encouraged and supported multi-agency partnerships. Key to this approach was a negotiated agreement that required police officers to step back and agree to not intervene so that drug workers and welfare support staff could connect people to essential harm reduction services.

Key learning 2: Advocacy work is often required to obtain community 'buy-in'.

In several case studies, foundational advocacy work was required to obtain community and inter-professional support for new approaches and new ways of responding to issues such as drug use. For example, the Law Enforcement Assisted Diversion pilot project in Vietnam conducts advocacy and training with a range of stakeholders to challenge deeply entrenched societal perspectives toward drug users and to address stigma. In this case study, advocacy was of fundamental importance because of a long-held cultural construction of drug use as 'evil' and necessitating punishment. Using scientific evidence, robust evaluations and advocacy, the organisation was able to demonstrate that drug use should be dealt with by health and social care services, rather than via criminalisation or coerced control.

Key learning 3: The promise of saving time can be an initial 'hook' to obtain support.

Although advocacy and training efforts were successful in most instances, several programs found that an effective hook to obtaining initial support from police agencies was saving these agencies time by fostering collaborations with social services on their behalf.

In the Villa Maraini case study, the program was able to facilitate collaboration across sectors, helping professional staff and people in the community people to identify who to call, when, how and in what circumstances. Similarly, saving agencies time was a key aim of the pilot program in Vietnam. An evaluation suggests that the program did indeed save time for the police. Despite this, some police officers interviewed as part of an evaluation felt that referring people still took up too much of their time. It was not clear whether this was reflective of a need for improvement in the referral processes, or whether this was reflective of a need for a shift in police mindset. While the alluring promise that deflection, diversion and referral programs can be 'time saving' it is important to remember that lasting change is an ongoing process.

Key learning 4: Abstinence should not be a pre-requisite for people who use drugs to access 'alternatives' to punitive sanctions. Deflection, diversion and referral should be pathways to multi-dimensional packages of tailored support.

Deflection, diversion and referral are interventions that are commonly used in situations where a person has complex underlying needs such as drug-related problems. While these types of interventions can be viewed as 'alternatives' to punitive sanctions, it is essential to stress that abstinence should not be a goal or a pre-requisite to access these programs.

Several of the programs showcased in this report can be described as psychosocial interventions that offer individuals support to address complex needs. These programs also emphasise the need to respond

to people with drug-related problems with compassion and dignity. While some programs can offer a route to voluntary drug treatment, the programs stress that drug treatment should be only one of a suite of possible interventions or pathways made available to people. Several programs additionally offer routes to housing support, welfare, harm reduction services and case management, alongside pathways to voluntary health initiatives.

PROGRAM CHALLENGES

Key challenge 1: Obtaining ongoing support and resourcing for deflection, diversion and referral programs.

Deflection, diversion and referral programs require multi-sectoral relationships. Working across sectors and effectively bridging silos requires robust relationships and shared aims. Several of the case studies describe success in developing strong relationship and common goals, but note that sustained support takes considerable time and effort. The successful implementation and operation of programs is often the result of negotiation, advocacy and awareness raising campaigns that seek to tackle stigma and effect change. For this, adequate resourcing and investment is crucial yet not always available. Charismatic leadership willing to champion change is also an important factor contributing to program success.

Key challenge 2: The role of police as gatekeepers to health, welfare and social services can be problematic.

Although the role of police differs within and between countries and regions (Price et al. 2020), most police are tasked with maintaining public safety, reducing crime, and acting in the best interests of the general public. In many countries, police officers receive very limited training in how to deal with complex issues such as trauma, mental health and substance use and so the role of police as gatekeepers to health, welfare and social care services can be problematic (Hofer et al. 2021).

Successful programs, such as those in the case study examples, provide robust training to police officers and adopt a commitment to act with compassion and empathy. These new approaches can be incongruent with organisational culture and there can be internal resistance to try new ways of doing things (Bacon 2021). Continual evaluation and monitoring of deflection, diversion and referral programs is required to overcome the potential risks of organisational culture reducing the uptake or effectiveness of such programs (Stevens et al. 2019). Most of the case studies described in this report have frameworks for the ongoing monitoring and evaluation of program activities.

Police buy-in is crucial. Because deflection, diversion and referral schemes are used in circumstances where a person has engaged in an act that has been deemed 'illegal', it is important that police officers and authorities themselves take a leading roles in designing and/or delivering these initiatives.

CONCLUSION

Deflection, diversion and referral programs offer vital routes to health, welfare and social support for those who come into contact with criminal justice agencies and who have unmet underlying needs (Hughes et al. 2019). These programs have the potential to reduce the use of criminal sanctions while also reducing health harm related to drug-related problems (Pūras and Hannah 2017), and can also provide life-saving emergency support by providing links to specialist health and social workers.

Developing and maintaining effective deflection, diversion and referral schemes often requires a change in operational arrangements and a shift in organisational culture and training. The case study programs showcased here in this report demonstrate the importance of inter-agency and multi-disciplinary collaboration (Bacon 2021; Bacon et al. 2021). When collaborations work well, the resourcing needed is often minimal and program budgets can be relatively frugal (Bacon 2017). Conversely, when there are mismatched beliefs, values or practices among different program stakeholders, maintaining effective collaboration can require significant resource investment (Bartkowiak-Théron et al. 2022). This highlights the importance of ensuring law enforcement agencies and public health and social service providers share similar goals and approaches at the policy level and in the design and implementation of program in practice.

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GLEPHA DEFLECTION AND DIVERSION SPECIAL INTEREST GROUP

If you are interested in finding out more about the topics explored in this booklet, please consider joining the GLEPHA Deflection and Diversion Special Interest group. The Group is a network of individuals who have knowledge, experience and interest in the field of deflection and diversion. This includes deflection from arrest, police diversion, prosecutorial diversion, and diversion from both criminal and civil court proceedings. The Group provides an international forum, which is open to GLEPHA members and welcomes new members to engage in discussion and knowledge exchange. Meetings take place once every two months and feature an invited guest speaker, discussion, and time for networking and collaboration.

To find out more about the Special Interest Group, please visit: https://glepha.com/special-interest-groups/deflection-and-diversion-sig/

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