



Checklist for Obtaining Officer Support

for DEFLECTION or PRE-ARREST DIVERSION PROGRAMS

The drug epidemic in the United States has had devastating consequences for individuals, families, neighborhoods, and entire communities. There has been a surge in drug overdoses since 2019, with more than 109,000 overdose deaths reported in 2022.¹

This crisis has challenged communities to find innovative strategies to respond to people who have substance use disorders (SUDs) rather than relying solely on arrest and incarceration. The increase in deflection and pre-arrest diversion programs to address nonviolent crime related to substance use stems partly from a growing realization that traditional policing strategies alone won't solve the drug crisis. In some cases, they may even cause harm by increasing overdoses and stigmatization.² Conversely, police-led programs that deflect people with SUDs from the justice system can effectively prevent criminal offending and show promise for improving participants' health and reducing social and financial costs associated with processing drug-related offenses.³ Deflection can be seen as a long-term, root-cause solution as opposed to the short-term solutions of arrest and incarceration. Law enforcement officers are in a unique position to recognize people with SUDs and make the decision to refer them to community-based treatment and services. It is important to understand the factors that are likely to influence the willingness of officers to support a deflection program and make referrals.

WHAT'S IN A NAME?

The terms “deflection” and “pre-arrest diversion” are sometimes used interchangeably because both practices are at the intersection of first responders, treatment and service providers, recovery support, and community. But it is important to differentiate between them:

✔ **DEFLECTION** is the practice by which law enforcement or other first responders connect individuals to community-based treatment and/or services when arrest would not have been necessary, or in lieu of taking no action when issues of addiction, mental health, or need are present.

✔ **PRE-ARREST DIVERSION** is the practice by which law enforcement officers connect individuals, who otherwise would be eligible for charges, to community-based treatment and services in lieu of arrest, thereby diverting them from the justice system.”⁴

For the purposes of this checklist, the term “deflection” will be used to represent both deflection and pre-arrest diversion programs.

Deflection programs led by law enforcement agencies and those administered by other types of agencies or organizations (e.g., prosecutors, behavioral health, nonprofit, etc.) share many of the same obstacles to securing officer support, but they also have their own unique barriers. This checklist offers evidence-based strategies to address common barriers to obtaining officer buy-in for deflection programs and strategies specifically targeted to police-led programs and those led by non-law enforcement organizations.





Strategies to increase officer support for deflection programs led by law enforcement agencies:

Law enforcement leaders can effectively address barriers to obtaining officer buy-in that often arise from organizational culture, resistance to change, and views about people with SUDs. The following strategies can help build officer support for deflection programs led by law enforcement agencies.

- DEMONSTRATE executive leadership support:** A successful deflection program needs strong leaders who can **clarify the goals, purpose, and potential benefits of the program for officers**, and work with officers to create incentives to implement the program.

 - ENCOURAGE command staff participation:** The participation of agency leaders in training sessions and deflection efforts, especially in the early stages of the program’s inception—leading by example—sends a clear message about the agency’s priorities.
 - USE deflection as a performance metric:** If agency leaders recognize deflection efforts in the same manner as traffic enforcement or community engagement when conducting performance evaluations, officers will view quality referrals to treatment as a valued law enforcement tool that can lead to positive outcomes for the individual, the community, and overall public safety.
 - PROVIDE incentives for making deflection referrals:** Create ways to recognize officers who actively engage in deflection through commendations, public recognition, and training opportunities.
- DEVELOP clear policies and procedures:** Make the program easy to understand and implement. Consider including line officers in developing the policies and procedures of the program.

 - CLARIFY eligibility criteria:** Provide officers with clear instructions on which individuals are eligible to be referred to deflection programs.
 - EXPLORE inclusive eligibility criteria:** In addition to standard eligibility criteria, determine procedures for working with other justice agencies to consider inclusion of people with active warrants, or who are under the supervision of probation or parole.



Strategies to increase officer support for deflection programs led by non-law enforcement organizations:

Collaborative partnerships are critical to implementing deflection programs. It is important for law enforcement agencies and community-based organizations to be equal partners in the program. Community organizations should invite police agency leaders to the table as early in the planning process as possible so they can provide input and help shape the program. This will result in a sense of ownership and commitment to championing the program within their agencies. In addition, it will help to build relationships with and engender trust among the partner agencies, which is essential for the program’s success moving forward. Other strategies for obtaining overall law enforcement support include:

- HIRE or assign a program manager** who has the skills and abilities to become trusted by officers, advocates for program goals, can help train officers, and may have additional strategies for securing officer buy-in to the program or perspectives to share with program administrators. This person should possess respect for the role and value of policing and be able to build relationships between law enforcement and other stakeholders, especially the community.
- INCLUDE line officers:** It is important to include patrol officers who will be implementing the program in the planning process, as well as first-line supervisors who can have a substantial influence over officers and their willingness to support any new initiative. Bringing these personnel to the table will contribute to their knowledge and understanding of the program’s goals, allow them to provide practical input, and can give officers and supervisors a sense of ownership in the program that they helped build. In addition, their day-to-day interactions with individuals in the community who suffer from SUDs give them perspectives that may prove valuable to program leaders.



Strategies for obtaining officer support for all types of deflection programs:

Research demonstrates that these strategies will help deflection programs obtain officer support and increase referrals to treatment and services, no matter what type of agency leads the program.

□ **MAKE SURE that referring through the program is easier and less time-consuming than arrest and booking.**

Any procedures that officers must follow to make a referral in the program should be as effortless as possible. For example, if making a referral requires accompanying paperwork, consider creating a short electronic form accessible from a cell phone or squad computer.

□ **TRAINING:** Officers may view arrest as the primary or only problem-solving tool for addressing drug-related incidents. Introducing a new program to address complex social issues can cause discomfort or resistance for agency staff at all levels.⁵ For a deflection program to succeed, personnel from first responder agencies (including dispatchers) must understand and support the purpose and goals of the program. Training on the following elements can provide first responders with insight into and empathy for vulnerable populations and help reduce the stigma attached to individuals with substance use and other behavioral health disorders.

■ **The science of addiction:** SUD may be seen as a moral failing instead of what it is: a chronic, relapsing brain disease.⁶ This training focuses on the chemical changes that occur in the brain during substance use and how these changes manifest in an individual's behavior. This training increases officer empathy, reduces stigma, and fosters a deeper understanding of SUDs as a disease.

■ **Adverse Childhood Experiences (ACEs):** This training helps officers understand the impact of early trauma on development and life course outcomes and encourages officers to employ trauma-informed techniques during encounters with vulnerable individuals.

■ **Relapse and recovery:** Incorporate information about recovery including the fact that **relapse is often part of the recovery process**, which may result in the

need to deflect an individual multiple times. Emphasize that this does not reflect a failure by either the individual, the officer, or the deflection program.

■ **Historical Context:** Remind officers that arrest and incarceration alone have not solved the drug problem. Officers should investigate and arrest individuals trafficking in narcotics. However, subjecting individuals suffering from SUDs to the justice system is counterproductive and does not increase public safety, while connecting them to treatment and services does.⁷

Note: Training should be offered on a recurring basis as more research becomes available, new staff join the agency, and to refresh prior education efforts.

□ **EDUCATE agency personnel about treatment:**

The belief that drug treatment is readily available and accessible to people with SUDs can affect an officer's willingness to make referrals to a deflection program.⁸

■ **INVITE a program partner that provides treatment** or case management services **to talk to officers** about the treatment and service capacity of the community, discuss barriers to accessing treatment for people with SUDs, and explain why individuals with SUDs may not seek treatment.

■ **INCLUDE people who have lived experience with SUDs in your training** to expose officers to individuals in long-term recovery and their stories and to demonstrate that treatment programs work.

■ **INFORM officers about the post-referral process for program participants.** Ensure officers understand what happens after an individual is deflected (e.g., referred to a case manager, transported to a treatment center, provided an in-person referral (warm hand-off), etc.).

□ **CREATE a feedback loop**

■ **PARTICIPANT FEEDBACK: Provide information to officers about the outcomes of individuals referred to treatment or services through the program.** This can be done through a quarterly or monthly newsletter that provides aggregated data about the program (to protect individuals'

privacy), communication from a case manager or the program coordinator to officers about individuals they referred, or through letters or personal communications directly to officers from individuals who have benefitted from the program. Feedback from and about program participants incentivizes officers to continue making referrals.

- **SHARE RESEARCH AND DATA: Share the results of program-related research and analysis** with agency personnel. It is vital to celebrate positive outcomes and use negative outcomes to drive program improvements.

- **Conduct regular program assessment and improvement by facilitating open-ended discussions with officers:** Ask officers for suggestions on how to improve the program. (For example: What would encourage colleagues to participate? How would you improve the process to enhance the program?) Use the information to improve program operations. By addressing officer challenges and incorporating their recommendations, officers have a stake in the success of the program, which can strengthen their support of deflection efforts.

Endnotes

- 1 "12 Month-Ending Provisional Number of Drug Overdose Deaths," Government, National Center for Health Statistics, Vital Statistics Rapid Release, October 3, 2021, <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>.
- 2 Bradley Ray et al., "Spatiotemporal Analysis Exploring the Effect of Law Enforcement Drug Market Disruptions on Overdose, Indianapolis, Indiana, 2020–2021," *American Journal of Public Health* 113, no. 7 (July 2023): 750–58, <https://doi.org/10.2105/AJPH.2023.307291>.
- 3 Etienne Blais et al., "Diverting People Who Use Drugs from the Criminal Justice System: A Systematic Review of Police-Based Diversion Measures," *International Journal of Drug Policy* 105 (July 2022): 103697, <https://doi.org/doi:10.1016/j.drugpo.2022.103697>.
- 4 Department of Justice, Office of Justice Programs, Bureau of Justice Assistance's Comprehensive Opioid, Stimulant, and Substance Abuse Program, Report of the National Survey to Assess First Responder Deflection Programs in Response to the Opioid Crisis: Final Report, NORC at the University of Chicago, and Center for Health & Justice at TASC, NCJ 300955, (Washington, DC: U.S., May 13, 2021), p. 8, https://www.cossapresources.org/Content/Documents/Articles/CHJ-TASC_Nation_Survey_Report.pdf.
- 5 Hall, Kevin, "Pre-Arrest Deflection Programs: A Lesson in Leadership, Reform, and Compassion," *Police Chief Magazine*, December 2021. <https://www.policechiefmagazine.org/pre-arrest-deflection-programs/?ref=bdec9ba2d8701bf4091e3a3674528a41>.
- 6 "Drug Misuse and Addiction" (July 13, 2020: National Institute on Drug Abuse, n.d.), <https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/drug-misuse-addiction>.
- 7 Blais et al.
- 8 Saba Rouhani et al., "Police Attitudes towards Pre-Booking Diversion in Baltimore, Maryland," *International Journal of Drug Policy* 65 (March 2019): 78–85, <https://doi.org/10.1016/j.drugpo.2018.11.012>.

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