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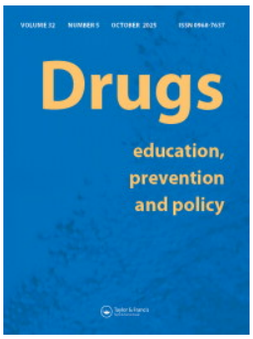

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Triggering motivations for change: exploring engagement in adult police-led drug diversion programs

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ABSTRACT

Background: The harm reduction effects of police drug diversion (PDD) are influenced by how people engage with diversion, which is moderated by their motivation to change. Underlying influences can be revealed by examining the contexts and mechanisms which trigger and support participants' motivation for engagement and change.

Methods: The qualitative phase of a realist evaluation of three PDD programs in England used semi-structured interviews with police officers, diversion practitioners, and divertees. Collaborative, abductive analysis focused on contexts and mechanisms of motivation and the nature of engagement.

Results: Contexts featuring positive interactions were moderated by negative perceptions of intervention environments, course content and delivery, and feelings of dissatisfaction with drug policy and legislation. Short PDD programs without individually tailored support worked well in triggering consequential thinking to motivate some people involved in experimental and/or occasional drug use. More intensive, longer and individualized forms seemed to be more effective in supporting and building motivation among people with more complex needs. Neither form of PDD succeeded in motivating people who believed their substance use was beneficial, unproblematic, or who disagreed with current drug laws.

Conclusion: Findings suggest that PDD programs require careful tailoring to the diverse needs of people who are diverted.

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Introduction

There is increasing interest in tackling illicit drug use through harm reduction approaches in policing in the United Kingdom (Bacon & Spicer, 2023). Political support for harm reduction approaches has been evident in recent parliamentary publications (e.g. UK Parliament Home Affairs Committee, 2023), and official policy has encouraged use of diversionary initiatives for drug-related offences (HM Government, 2021). Out-of-court disposals (OOCDs), or resolutions, have been used to expand diversionary programs/interventions to help channel people away from the criminal justice system (CJS) (Bacon, 2024; Shaw & Stott, 2022). This follows evidence of the harms of criminalization, and the potential benefits of diversion (Bacon, 2024; Stevens et al., 2022). Diversion is also seen as being a potential part of the solution to a crisis in the CJS in England and Wales, characterized by prison overcrowding and underfunding, and a chronic backlog of cases in the magistrates and crown courts (Downs & Low, 2024; Ismail, 2020).

Police drug diversion (PDD) programs provide people suspected of drug and related offences with an opportunity to engage with an educational or therapeutic intervention, rather than being processed through prosecution and conviction (Bacon, 2024; Stevens et al., 2023). This is a form of harm reduction policing in that it seeks to minimize the often-deleterious impact of the CJS, as well as drug-related harms (Bacon & Spicer, 2023). Therefore, it resonates closely with broader forms of reducing social harms (c.f. Pemberton, 2016; Dertadian & Askew, 2024). PDD schemes go further than previous efforts to refer drug-related

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offenders into treatment, including arrest referral and the Drug Interventions Program (DIP) (Dorn, 1994; Seddon et al., 2012). PDD is distinct from these earlier approaches as it explicitly seeks to avoid the criminalization of suspects, while arrest referral and the 'tough choices' offered by the DIP could occur alongside criminalization (Bacon, 2024).

Many police forces in England and Wales operate some form of diversion for drug offences and/or drug-related crime (Bacon, 2024; Shaw & Stott, 2022; Stevens et al., 2023; Strang et al., 2024). In some areas, this is undertaken through formalized policy and practice. In others, the approach is less formally developed or embedded. PDD schemes have largely been developed through initiatives taken at senior and middle management levels (Bacon, 2025; Stevens et al., 2025), often in collaboration with Police and Crime Commissioners, public health agencies and local service providers (Jones & Twomey, 2023) rather than following the lead of central government. Home Office ministers have tended to promote 'tougher' versions of diversion, such as the escalating punishments promised in the never-implemented White Paper on 'swift, certain, tough' enforcement of the law on drug possession (Home Office, 2022). Although the scope of PDD has increased in recent years, the evidence on the processes and impacts of these programs remains limited. Stevens et al. (2022) review highlighted a particular gap in knowledge about how PDD works.

This article presents findings from the qualitative phase of a large-scale, multi-site, realist evaluation of three PDD programs. Its main task is to explore what motivates engagement in PDD and how these motivations are shaped by the contexts in which they operate. To date, there is little existing knowledge on people's motivations to engage or not in PDD programs. Revealing the different motivations is, therefore, important if we are to understand not only if these interventions work, but how and why they work, and for whom. In critical realist analysis, uncovering motivations entails a rigorous search for the generative mechanisms which explain the underlying processes, structures, or interactions that produce observable phenomena or outcomes (Danermark et al., 2019). Understanding the level and type of motivation for people who use drugs (PWUD) in different interventions is a challenge (Prendergast et al., 2009; Stevens et al., 2006), but it is a crucial component for both PDD policymaking and practice, both in the UK and internationally.

Background

Motivations propel people towards specific behaviors. Early theories posit motivation as an underlying psychological state which affects a person's propensity to think or act in certain ways (James, 1890; McDougall, 1908). Motivation can be directed at the achievement of goals or the means to achieve these goals, and it 'varies in strength' (Mele, 2005, p. 244). In the field of drug treatment, motivation is often thought of as 'motivation to change', and involves a cyclical process which moves through pre-contemplation, contemplation, action, and relapse (or maintenance of change) (DiClemente & Prochaska, 1982). In this 'cycle of change', the goal of drug treatment is to help motivate people to initiate and maintain changes in their attitudes and behaviors. More recent psychological thinking on behavioral change also uses a circular metaphor, with motivation as a key part of the cycle (Michie et al., 2011). This 'behavioral change wheel' has a circular structure which recognizes that processes of change are neither binary (either present or absent) or linear (moving in only one direction). Rather, both the 'cycle of change' and the 'behavioral change wheel' recognize that motivation and behavioral change are variable, contingent, and mutable; they can be changed by factors external to the person. Both models of change recognize differences between intrinsic motivations that come from within the person (e.g. values, enjoyment, maturing) and extrinsic motivations that come from outside (e.g. rewards, punishments, social and legal pressure) (Morris et al., 2022).

In critical realist terms, the (social) world comprises nested levels of reality. Things that occur in the actual domain of reality are observable in the empirical domain, but they are the product of underlying causal processes in the real domain, which cannot be directly observed. The real domain consists of generative structures that enable or constrain actions (Bhaskar, 1975). When applied to policies, programs or interventions, critical realism assumes that different components of an intervention will lead to diverse outcomes depending on the reasoning and motivations of the people involved in the intervention, and on how it is implemented. Pawson and Tilley (1997) refer to this as the interplay between contexts, mechanisms, and outcomes.

So motivations can be thought of as underlying mechanisms that are not always directly observable but are context sensitive, leading to distinct levels of, and routes towards engagement. Engagement is a behavior that can be empirically observed when people participate in program sessions to understand how change occurs. However, the reasons why some individuals engage with an intervention (and how they do so), while others do not, are not directly observable (Pawson, 2002). They are, nonetheless, important in understanding program effectiveness and the change processes

embedded within it. They can be inferred from how people engage, and how they talk about such engagement. The outcomes of such mechanisms are contingent on conducive contexts, which can also be observed. Context can be seen to be both a relational and dynamic feature of systems being studied (Greenhalgh & Manzano, 2022), which may affect how they operate.

In their systematic review and meta-analysis of the effectiveness of diversion programs for 'Class A' drug users, Hayhurst et al. (2019) found diversion programs can work for reducing current drug use, but the results were mixed for treatment completion. Meta-analysis does not tell us why. Elsewhere, research has shown that motivation and engagement can vary widely amongst people referred to drug treatment programs, regardless of drug type or whether their attendance is voluntary (Stevens et al., 2006). A broad array of influences can be exerted on people in encouraging change, for example, legal compulsion such as compulsory treatment orders (McSweeney et al., 2018), or extrinsic social pressures from family, friends, and employers (Wild et al., 2002).

Existing research on PDD, however, has not given much attention to the reasons why people engage or not. This knowledge gap can be explained, in part, by the research methods used to evaluate the implementation and outcomes of PDD programs. Most studies with a qualitative component have involved interviews with police officers and health care providers, but not people who have been diverted (e.g. Bacon, 2024; Joudrey et al., 2021; Perrone et al., 2022). Research that includes divertees' perceptions and experiences has not examined motivation in any depth, though there are a few notable exceptions. Barberi and Taxman (2019) conducted interviews and focus groups with people with a substance use disorder to explore their perceptions about non-arrest programs in the United States. Reflecting theories of procedural justice (Tyler, 2003), they found some people's first encounter with the police could motivate them to engage with PDD. Wait times and repeated use of interventions could undermine engagement, especially if experiences were negative. Case managers or peer specialists who help in the referral or treatment process were identified as key to engagement with diversion programs (Barberi & Taxman, 2019). Gilbert et al.'s (2023) research on Law Enforcement Assisted Diversion (LEAD) in North Carolina similarly found that people who lacked trust in the police were less likely to accept a referral. They also found that an individual's 'readiness to change' influenced whether they engaged. The participants interviewed for Piatkowski et al.'s (2024) research on PWUD involved in Queensland's drug diversion program highlighted the value of support services that address the structural vulnerabilities of those facing stigma and barriers to healthcare access.

In what follows, we examine the role of motivation in enabling divertees to activate the intended mechanisms of change embedded in PDD policies and contexts. We outline the methods of the study and then present key findings which highlight the influence that different contexts can have in moderating participants' motivation for changing their attitudes and drug using behaviors. The impact these differing motivations had on participants' engagement with the PDD programs is then explained thematically. As a form of retroductive analysis (Danermark et al., 2019), we then discuss these findings by presenting three 'ideal types' of divertee, for whom different forms of PDD program can trigger different types and levels of motivation.

Approach, setting and methods

This article focuses on the findings of a qualitative process evaluation of PDD. A realist framework was used to study adult PDD programs in three police forces in England by combining elements of the EMMIE[1] (Johnson et al., 2015) and VICTORE[2] (Cooper et al., 2020) frameworks to approach our findings more holistically. In doing so, we investigated the effects of PDD on offending and on drug treatment entry, the underlying mechanisms, moderating factors (such as ethnicity, gender, and region), and implementation of PDD in these areas. Additionally, using VICTORE, we were able to explore the volitions (aims and intentions) of participants and the influence of competing programs (rivalry), such as the influence of healthcare being received elsewhere, on PDD outcomes.

The three areas were selected due to having well-established PDD programs and because they represented three very different regions (North, Midlands, South). To help hide the identity of research participants, we refer to the three areas where we studied PDD as police forces A, B and C. We carried out semi-structured interviews with police officers ($n=65$), diversion practitioners ($n=34$), and divertees ($n=103$) in the three areas between April 2023 and May 2024. In all three police force areas, there was a PDD program designed for individuals apprehended for simple possession of drugs (of any class of the Misuse of Drugs Act 1971) without intent to supply. We categorized PDD that targeted this group as Group 1 PDD programs. The characteristics of these programs are shown in Figure 1 below.

Additionally, one force also implemented a broader (in terms of eligibility) and more intensive (in terms of length and level of contact) PDD program. We have

Figure 1. Characteristics of Group 1 Police Drug Diversion schemes.

called this a Group 2 PDD program. This was open to low-level offenders suspected of drug possession, low-level dealing, theft, assault and criminal damage. In Forces B and C, PDD entailed attending an online or in-person educational session provided by drug treatment practitioners. Most divertees from Forces B and C were not arrested (all divertees in Force A were arrested), but divertees who committed multiple offences were subject to arrest and generally received PDD in addition to other sanctions. In Force A's Group 2 program, people were diverted to a series of individual meetings with diversion 'navigators', who are civilian case workers employed by the police force. Consequences of not participating in diversion activities also varied between the three programs. In Forces B and C, it meant that the person would not be eligible for diversion if they were caught again in possession of controlled drugs. In Force A's Group 2 program, non-compliance with the diversion program led to the person being prosecuted for the original offence.

The characteristics of interviewees can be seen in Table 1, which shows that the amount of divertee interviewees varied across the areas and types of program[3]. Of the divertees, 51 reported their drug use as being cannabis only, while 44 reported using other drugs including cocaine and – more rarely – heroin. This sample reflected the general profile of people diverted on these programs, although cannabis users were generally a much larger proportion. Some of the remaining divertees reported a combination of use of more than one drug and a small number did not report drug use (Group 2 intervention also included people diverted for alcohol and/or domestic violence).

Table 1. Participants in interviews and focus groups.

Role	Count
Police Sergeants and Middle Managers	41
Police Officers	32
Diversion Leads and Staff	28
Divertees/Service Users *(Force A: 51, Force B: 37, Force C: 17)*	103
Office for the Police and Crime Commissioner (OPCC)	4
Other drug treatment providers, Probation, Public Health Leads	13
Total	221

People with lived experience of adverse contact with the police were involved in all stages of the project, from conception and design, through data collection and analysis, to dissemination. We worked in partnership with the lived experience charity User Voice, which recruits, trains and supports people with

lived experience of the CJS to work as peer researchers. These peer researchers conducted phone interviews with 103 PDD divertees. Focus groups with divertees were co-facilitated by academic and peer researchers. We believed that involving peer researchers would enhance rapport and openness (Dembele et al., 2024), forming a crucial part of our approach to data collection and analysis. In line with good practice in the field, interviewees and focus group participants (divertees only) were paid for their time (Seddon, 2005).

Abductive and retroductive analysis was conducted, using Nvivo software for computer assisted qualitative data analysis, to understand how specific combinations of context and intervention components impact motivation, engagement, and subsequent PDD outcomes (Danermark et al., 2019). Through abductive coding, we identified key themes informed by the project's initial theory of change model (Stevens et al., 2023) and we refined these during analysis. Abductive coding involves producing educated 'best' guesses as to the explanation of themes, events, occurrences, and volitions. These were subsequently followed up by retroductive analysis, in which we inferred the underlying causal mechanisms and key features of PDD participants and processes (Danermark et al., 2019). Regular online meetings and three in-person, day-long workshops, which included peer researchers, assisted in discussing emerging themes and findings across the research team. Interim findings were disseminated and explored with stakeholders in six focus groups (three regional divertees groups, three regional police and practitioner groups).

We recognize that qualitative research with a sample of people who agree to take part in interviews and focus groups cannot be generalized to the whole population of people who are exposed to PDD programs. In particular, we lack data from the perspective of people who did not participate at all in the PDD programs to which they were diverted, who were less likely to be contacted or agree to an invitation to be interviewed. We present the findings here not as rules to be generalized but as contributions to extending theoretical knowledge about how PDD works, and practically adequate knowledge that may be useful in improving the design and delivery of PDD.

Our research received ethical approval from the University of Kent's research ethics process. To enhance understanding and to reduce power-dynamics peer-researchers used verbal versions of the participant information forms with all divertees during their phone interviews. After explaining their proposed involvement in our research, their rights to withdraw and what we planned to do with their transcribed comments, divertees were asked to indicate their consent, which was included in their interview transcript. All other interviewees (police, PDD practitioners etc.) were provided with electronic or paper copies of participant information and consent forms, which they were asked to sign in advance of their interviews. Whilst participant data has been anonymized, such alterations have not distorted the scholarly meanings.

Findings

In this section, we begin by considering the contextual features, which we found to moderate divertees' engagement with PDD programs. We then consider the variations in divertees' motivations to change their drug use and other behaviors.

Contextual features of PDD programs

Mechanisms that stimulated engagement with PDD and enhanced motivation appeared to be contingent on conducive contexts. Contextual features that promoted engagement often related to positive interactions with police or practitioners during the PDD process. However, other contextual features could be seen to limit the achievement of the intended outcomes by affecting motivation and engagement, such as the quality and appropriateness of the PDD provision. Force A's Group 2 intervention, for instance, received little criticism from divertees, but there were a few who raised concerns about the location of the initial needs assessment, which was conducted at a police station.

Other contextual features related to delivery and course content. A further moderating context related to how the program was embedded in the broader policy landscape and dissatisfaction with the current legal framework of drug prohibition in the United Kingdom. Several interviewees who were not motivated to change their drug use mentioned this context.

Interactional factors

Interactions with police and PDD practitioners were seen to have an important influence on divertees' motivation and engagement. This was demonstrated in discussions with divertees, police and PDD practitioners across the three PDD areas. As illustrated in this extract, when divertees felt that they were given a choice or listened to by police this would often support their engagement with the PDD program:

> [I was] given the alternative option and I've progressed, giving me alternative options instead of just giving me a charge … given this option I got offered the choices and decisions and places to go and options. It wasn't

> just like, 'Oh, we're charging you. This is how it is.' It was like, 'Go to this and we can help you towards a better future (Group 2 divertee, Force A).

This was also evident in accounts from many police officers and PDD practitioners, who acknowledged the importance of those early interactions in supporting divertees' engagement with the PDD program:

> I want to set them up to give them the best opportunity to attend, do what they've got to do and have the best outcome (police officer, Force C).

Positive interactions with police during the PDD process also seemed to accelerate motivation and subsequent engagement with the programs when divertees had experienced poor treatment from police. This is illustrated in this account of a divertee's experience during a police raid at her home:

> 'I was just crying on the floor begging, … they basically said, 'Look, the amount of weed [cannabis] you've got on your right now is a criminal offence but we don't want to charge you, we don't want anything to be on your record. We can see that you're struggling,' so they referred me … They were really nice. Really nice people. It was the first dealing I'd ever had where they treated me like a human being' (divertee, Force C).

Reflecting theories of procedural justice and 'good' policing (Hough, 2020; Tyler, 2003), these findings indicate that treating people with dignity and respect can have a significant impact on their motivation and engagement with the PDD process. The importance of building rapport in the PDD programs we studied is discussed in more detail in Smith et al. (forthcoming).

Physical and environmental factors

In Force A, all needs assessments were completed on police premises (not in custody, but in designated PDD assessment rooms in police stations which are decorated like a therapy room). Any subsequent attendance at police premises was often on a voluntary basis, unless there were risk factors associated with meeting the divertee in a community setting. The moderating factor here was the connotation that attending police premises was somehow stigmatizing, but there was also a sense that these concerns faded over the duration of the program. The resistance to the initial needs assessment in Force A can be seen in this Group 2 divertee's response when asked how the intervention could be improved:

> …it would be for them to come out to me and for me not to go there. I don't know, it just felt a bit wrong having to go to a police station. The crime was not my own doing, it was because I had a breakdown.

This resistance was most acute when divertees did not view themselves as offenders (e.g. they did not think of drug possession as a crime) or as being responsible for the offence.

The online environment of other forces' diversion programs was also criticized by several divertees. Some found the way in which some divertees were allowed to behave affected other people's motivation and engagement, distracting from the intended aims for everyone in the group. In Force C, a divertee explains the negative impact this had on him:

> I feel like a lot of people that are in those calls don't take it seriously and they just use it as a bit of a joke. I noticed that with a few people on there, they were just, sort of, messing about.

This comment highlights how finding the right platform for delivering diversionary interventions is a challenge for providers.

Course content and delivery

Force B's 1-hour e-learning and 3-hour group education courses (which could be done face-to-face, or online) were the only programs in this evaluation for which divertees were expected to pay (£25 and £85 respectively). In our interviews, this diversion scheme was subject to criticism in relation to both delivery and content. It is possible that having to pay may have contributed to divertees' criticisms, but there was no evidence to support this assumption. As this divertee illustrates, the course did not always trigger motivations to change participants' attitudes or use of drugs in the intended way:

> The only one thing I learned from the course was that if I crush up my ADHD drugs, I could snort them and get high … I really was flabbergasted at how poor [the course] was, in terms of I could not figure out who on earth this might benefit in any way, shape or form. It felt to me, like, you know, maybe if this was a classroom of 13-year-olds or something, it may be educational for them… like they were appealing to the very, very lowest common denominator who might not actually realize that drugs are bad…I was happy to participate and do the course. I genuinely believed that I might learn something other than new ways of getting high (divertee, Force B).

The relevance of all three programs was also questioned by a relatively small number of our interviewees. One divertee, for example, questioned whether the more intensive Force A program (Group 2) was suitable for someone like him, who had been caught with a small amount of cocaine on a 'one-off' occasion:

> I think it's set out to stop people being drug users. So, I think it's there for drug and alcohol abusers, and it's probably a good thing when it's used in the right way, but for what I was there for, it was stupid.

We note here that there is a fine balance for policy makers and practitioners when designing diversionary interventions. In this case, the issue is one of ensuring that diversionary intervention is proportionate to the original offence. A failure to meet this expectation can result in decreased motivation.

Attitudes to law and policy

Some attitudes that some divertees had towards the police and UK drug laws reduced their motivation to engage in the PDD programs. These were also acknowledged in police and practitioner interviews as a risk to engagement and change. Some divertees reported a sense of injustice about how their drug use was treated, for example if they disagreed with the prohibition of cannabis. Several divertees believed that drugs should be legalized. They and others did not feel that their use of drugs was problematic. Two main themes were evident: cannabis being seen as a natural remedy; and a perception that cannabis was a low-risk substance, which did not warrant criminalization:

> I know about my cannabis use, mate, and I'm not bothered about that. I don't even see that as a drug really, you know. That was automatically on this planet, you know, growing … how many hundreds of years, thousands of years. But, you know, how I see it, God put that plant on this earth, so it shouldn't be illegalized. But other drugs and that, yes (divertee, Force A)

> Shocked, yes. A bit annoyed because I don't agree with the rules on cannabis, especially when our government sells it. It's the biggest medicinal supplier in the world, the UK government is. Medicinal cannabis, I was using it as a medicine and I can't get it in this country (divertee, Force C).

The second theme we coded in relation to opposition to UK drug law was about participants' attitudes to the harms of cannabis and whether it warrants being classed as illegal:

> Well, it's stuck in the 90s and the 80s, isn't it really? When it's all like this war on drugs bullshit. It's fucking weed, for fuck's sake. It's not heroin, is it? Like, I don't know anyone who smokes weed who mugs their nan or robs people or does anything illegal at all. If anything, some of the best people that I know smoke weed and some of the worst people that I know don't. So, I don't even see an issue with it at all (divertee, Force B).

This type of interviewee often mentioned developments in cannabis legislation globally, particularly regions where cannabis has been decriminalized or, as in several US states, legalized.

Mechanisms of change that are triggered by PDD

Our initial theory of change included the idea that diversion can lead to the avoidance of the negative impacts of criminalization, such as the stigmatization of receiving a police/criminal record, or the experience of being in custody. Diversion may also lead to helpful experiences, including referral into support to address underlying issues that drive drug use and/or criminal activity. Here, we consider themes that are related to these broad causal processes, starting with readiness, then consequential thinking (around being apprehended, but also how this might facilitate access to services). Finally, we discuss the issue of unmet needs as a trigger for motivation.

Readiness - Mobilizing motivation to facilitate engagement

Discussion relating to the 'readiness' of an individual to change reflected ideas on the cyclical nature of change (DiClemente & Prochaska, 1982). This is a troublesome feature of many studies looking at the outcomes of drug treatment (see Gossop et al. 2006). It is troublesome in the sense that it seems intuitive that readiness for change would be a predictor of positive outcomes in treatment, but this is not always borne out in the data (Stevens et al., 2006). Despite this, for many police officers in the current study who instigated the PDD process, being ready to change was something that they saw as a prerequisite for successful engagement and intended outcomes:

> I think the success relies on the willingness of the diverted person to engage with the course (police officer, Force C).

Diversion practitioners also emphasized the role of pre-existing readiness to change in supporting engagement and this was also noted by divertees:

> Depending on the individual. See, some of them will just take no notice, … but people who I think are ready, if you're ready, then [the Group 1 diversion program] will make all the difference (PDD practitioner, Force A).

Our analysis, by contrast, found a rather more complex and fluid continuum of divertees' motivation. Rather than a binary process, in which divertees were either ready or not, we found that a person could become motivated (or demotivated) at any point and that their motivation could be enhanced over time. The factors outlined below helped to develop motivation and convert it into meaningful engagement with the PDD program to facilitate change mechanisms.

The consequences of apprehension

Many divertees described how getting caught was itself a catalyst for their motivation. For those who had never had contact with the police, it was often described as a 'wake-up call'. For some, being caught aligns with an existing readiness for change:

> …part of me wanted to do it because I was trying to come off weed [cannabis] beforehand anyway before I got caught by the police. So, I thought it would be a good eye-opener to attend and listen to the things that I maybe didn't know about. Umm, I think at the same time I'm quite glad that I did get offered that route because at the time I thought I was gonna get sent to the station to be dealt with because I was caught with more than just a joint (divertee focus group, Force C).

This person's readiness was supported by their fear of being detained in police custody. For some interviewees, this serves as a trigger for meaningful engagement in the PDD program. This was echoed by divertees who described how the shock of being caught and potentially facing a criminal record 'hit me like a ton of bricks'. Discussion of the fear associated with a criminal record often related to the stigma it would bring. For others, the consequences are more related to perceived restrictions around future life chances, such as career choice and the ability to travel internationally. This was particularly evident in younger adults and when this was a person's first experience of police contact:

> …sometimes people that are in their early criminal history… just the act of getting caught was/is enough (PDD practitioner, Force A).

> I don't think people are too worried about dealing with the police and having a criminal record but when we say you won't be able to go to America or you won't be able to get to Australia or certain jobs you're excluded from, that's something that perks people up, when they are excluded from certain things in life that they might want to do, that has a massive effect (police officer, Force A).

> …if I didn't attend and stuff like that, I would have been charged … that's why I'm glad I did it because being charged that, again, would have been embarrassing and I wouldn't have wanted to tell anyone and then, obviously, it goes on your DBS[4] and stuff and that could affect potential working and jobs and what have you. I don't want that (Group 2 divertee, Force A).

For the Force A Group 2 program, which in most cases involved processing in police custody, many divertees expressed how the experience increased their motivation to change, as the possibility of criminalization was 'closer', as demonstrated in this divertee's comments:

> 'Absolutely petrified, because I mean, that was -, when I got arrested, that was my first time ever even being locked in a cell. I'd never even seen the inside'.

Many of the Group 2 divertees discussed what they felt was initially a negative experience associated with being taken into custody. Research on police custody reveals how detainees often feel cut-off, as if they have nothing and have lost control. Police custody is also uncertain, entailing insecurities derived from the material conditions and soundscape (Skinns & Wooff, 2021). Whilst Group 1 divertees in Forces B and C also highlighted concerns about the stigma of police contact, their experiences described as less traumatic, due to avoiding the impact of arrest and detention by being given the option of the PDD process immediately on the street (with no requirement to attend a police station).

The way in which the initial impact of the shock of being caught can result in triggering change mechanisms was well illustrated:

> After I got arrested[5], I started to cut down on weed, and after I cut down…these withdrawal symptoms, they've put me off smoking weed anyway. Because now that I'm ready to come off weed, I don't want to feel like that (divertee, Force C).

As indicated in this extract, motivation to change was often directly linked to getting caught and this person reported that he had already stopped using illicit drugs by the time he attended the online group session. His account echoed other people's experiences of triggering a drive to address their drug use individually, well before they were able to access the harm reduction support from the PDD program:

> It's not about how strong your mental resolve is, it's about what's happening in your life, or how the drug makes you feel… [after the police diverted me] I just woke up and I just thought to myself, 'What am I doing to myself? This isn't helping me, I'm really severely depressed.' I checked myself into the psychiatric facility, before I went there, never smoked again (divertee, Force C).

Some people may already have some latent motivation to change. Getting caught may be a catalyst for that motivation to become manifest. Some others became motivated during the process of being caught or referred, which is consistent with McIntosh and McKeganey (2000) findings. Often these motivations are related to extrinsic influences in people's lives. These were often linked to either avoiding stigma or the loss of pro-social features in their lives, such as employment, relationships, housing arrangements, or plans for future travel. This is demonstrated in comments made by divertees when discussing the impact a criminal record would have had on them:

> We always have the choice, but it was something so trivial, it was either looking at going to jail for whatever or doing an appointment. So, it was kind of like

> you've got to do it otherwise there's a larger repercussion, do you know what I mean? (divertee, Force A).

> I'd like to say I've got my life pretty set up, I'm at university studying … I'm working, so I felt like it's just attacked me as a person' (divertee, Force B).

> That was a wakeup call because, touch wood, if I lost my job or anything, mentally I would be, like, I don't know, I don't want to say. It's just one of them. So that day, for me I was happy because I wouldn't have snapped out of the cycle (divertee, Force C).

For others, their motivation was more intrinsic, allied to addressing issues that lay beneath their drug use, or simply embracing this opportunity to move away from lifestyle routines in which they felt themselves to have become trapped. Both types of motivation appeared to lead to meaningful engagement and journeys aligning to the intended program outcomes of reduced drug use.

We observed more development of consequential thinking among divertees who shared the individual contexts of being younger adults, having more pro-social features in their life (e.g. higher levels of existing engagement with education, employment, and loving relationships), meaning they had something to lose through continued use or something to gain from desisting from drugs:

> She came back, and she goes, "Would you be willing to take any help for the cannabis?" Because obviously there was cannabis in the house. I said yes straight away, I didn't refuse … at the end of the day, my daughter was there. When your daughter's there you've, sort of, got to prove that, "Look, I'll do whatever steps are necessary to put myself back in that right direction." (Group 1 divertee, Force A).

Practitioner accounts also highlighted how they saw divertees' extrinsic motivation being triggered during their assessment, one-to-one, or online group sessions. This example illustrates how that moment of motivation materializes:

> [Y]ou notice in the groups that there's young people that actually are like, oh is that really going to be on my criminal record? You know, am I really not going to be able to go to America with that? (divertee, Force C)

The process of triggering consequential thinking followed a similar pattern in terms of realization and subsequent engagement. Some people realized that their level of drug use was problematic during the group education or one-to-one elements of these programs. This was an important moment in triggering their motivation. Diversion practitioners highlighted how the elements of the program which related to drug dependence could trigger divertees' consequential thinking:

> …some of them are quite affronted when you suggest that they might be addicted. I wouldn't say that you are an addict, but when you suggest, "do you think you may have an issue with it, can you go without it?" (PDD practitioner, Force B)

Divertees' accounts also resonate with what practitioners described as elements of the intervention helping people to evaluate levels of dependency and understand their problematic use. The realization that their drug use might be problematic was also described by many divertees in interviews:

> it gave me time to put it down and re-go over some earlier stuff that maybe I was educated in any way from a younger age and just get a little bit more of an outlook, open up those, kind of, gateways in my head again and go, 'Come on, mate' (divertee, Force B).

> I still smoked. I didn't care about being caught, but then I done the training course and then I was asking myself, like, 'what's making me smoke and try tackling it that way'. That helped me more than just having a criminal record on my file … due to smoking kind of cannabis and then the facts. … It did make me think about it after, when I did feel like smoking. Which sort of made me stop smoking (divertee, Force C).

Police officers sometimes played a role in the provision of initial harm reduction information and many spoke about the importance of discussing this when explaining PDD programs to the people they diverted. Comments from both divertees and police officers acknowledged how harm reduction advice from the police was not always well-received, because of the nature of their role in enforcing the law. However, later opportunities provided for interactions with harm reduction professionals and provision of related information, meant that individuals could engage at multiple points in the process, whenever their motivation might arise.

For some divertees, this experience was highlighted as the first time they had been offered support for the underlying reasons for their drug use, which was a significant factor in motivating them to change. A range of divertees, practitioners and police spoke about this, across the three areas.

Unmet health needs and undiagnosed conditions

A frequent topic of conversation with interviewees related to their perception of their unmet health needs and undiagnosed conditions. Many people discussed using illicit drugs to self-medicate health conditions in the absence of formalized treatment. Both police and

practitioners in Forces B and C suggested that it was more difficult to provide the support needed for these people, for example participants identified gaps in what PDD can provide for divertees in this context:

> [I]f they were to address whatever that traumatic incident for them is, I think that would have an impact on how they would think about using drugs. Because they kind of just see it at the moment as, they've got to shut that problem off, and the only way I can do that is by using heroin, or whatever substance they're using. And they always say, they're not ready to talk about it, or they don't want to talk about it (PDD practitioner, Force C).

This was also borne out in these divertees' comments in interviews. Some felt that these programs did not have the appropriate support they needed. Those who were referred to the online group sessions in these areas also felt that practitioners were at a loss as to how to support them, given the limits of their abilities to refer them to more appropriate services, which demotivated them and often led to disengagement:

> My drug use before I was diagnosed was self-medicating for chronic ADHD. And you know … there's no hint or suspicion or nothing about the course was aimed at somebody like me. And yet statistically so, so many drug users are self-medicating for something that's undiagnosed (divertee, Force B).

> My personal situation is not that, 'Oh, I'm just addicted to weed and I'm a bum and I just want to smoke weed.' I don't want to smoke weed. But it's the only thing that kind of chills out my brain a little bit (divertee, Force C).

> I thought 'There's no point' [to going on the course] because, you know, they're only going to say how to stop. I get so much benefit from it, with this disease, you know, I can't see myself stopping it (divertee, Force B).

Force A's more intensive intervention model, provided by an internal team within the police, could refer people to a wider range of supporting organizations. The longer duration of the Group 2 intervention (16 weeks) coupled with the one-to-one, in-person delivery, meant that practitioners were able to form effective therapeutic relationships with some divertees to meet a more diverse range of needs:

> I just, sort of, thought at the time I was in such a bad place I needed the help. I was already talking to a GP about mental health and stuff like that and I thought that [group 2 intervention] would be another step forward (Group 2 divertee, Force A).

> To be fair, I think she did what she could but there wasn't a great lot she could do for myself, obviously, with it being for my mental health. The best thing she could do was give me advice on how to continue to medicate but doing it in a legal way …the lady that dealt with me had dealt with multiple people within her own life that had mental health, so she was more understanding (Group 2 divertee, Force A).

Practitioners commented widely on the duration of the program as affecting motivation and engagement, which demonstrates how the longer duration and more bespoke nature of the Group 2 intervention could mean that this program could more effectively support people to help them achieve their prosocial goals:

> The most hard work has to come from them. Because you know, they're up against the addiction, way harder than anything we have to do. You know, so he did, yes, we were there, yes, we signposted him, yes, we supported him, yes, we put him in touch with people, we got his CV sorted. So, we did do a lot, but it can't be lost on people, the effort he's put in, it really can't' (PDD practitioner, Force A).

Therefore, whilst some divertees initially appeared motivated to change and ready to engage, the less bespoke Group 1 PDD programs were not designed to meet the support needs of people with higher levels of need, so they were unable to maintain their motivation to sustain or trigger their engagement. In particular, the sessions to which people were diverted in Forces B and C did not appear to work for people who were using drugs to self-medicate due to pain, mental health issues, experiences of trauma, or those awaiting diagnosis of a range of conditions, including ADHD. This highlights how the structure and design of PDD programs - including frequency, duration, method of delivery, and access to partnership/multi-agency working - can present challenges in producing the desired outcomes for divertees whose needs are not met.

Discussion

Our combined use of EMMIE and VICTORE assisted with our consideration of engagement and in collaborative coding discussions we identified three 'ideal types' of PDD divertees, for whom different PDD programs may trigger different processes of motivation and engagement. This goes some way in fulfilling Hayhurst et al. (2019) call for research which evaluates how interventions can be tailored and resources allocated more effectively to better meet the needs of particular subgroups of people who use drugs.

The first ideal type is the young first-time entrant to the CJS whose drug use may be occasional or experimental. Their main motivation to take part in PDD is to avoid a criminal record. For this type, a simple process

of brief assessment followed by an online course may be enough to meet their aims of not getting a criminal record and may - for some of this type – provide useful information and trigger processes of reflection that lead to reductions in drug use and/or drug-related harms. However, the data we collected from people who resembled this type also made us question whether they needed any diversion intervention at all, and whether the criminal justice system is the best route of entry to drug education. Although some people reported positive behavior change from the 'shock' of police contact, we should remember the decades of research that show that such contact can reinforce, rather than eliminate, harmful attitudes and behaviors. It may be that all people of this first type need not be criminalized.

The second ideal type represents people who have more entrenched levels of illicit drug use, often related to previous trauma, self-medication, and unmet needs. For this type of divertee, a generic online course is unlikely to meet their needs, although such diversion does have the benefit of not adding a further criminal record to their problems. The greater individualization, flexibility and ongoing support and referral provided by more intensive PDD programs - such as the Group 2 intervention in Force A - may be more likely to trigger mechanisms of motivation and engagement.

The third type of people represents those somewhat older people who have used drugs over a long time but who do not perceive their drug use as either wrong or problematic. For them, no form of PDD is likely to be motivating in a way that leads to engagement, as they perceive all intervention in their drug use to be unnecessary, illegitimate and/or disproportionate. For this type, PDD programs are unlikely to have any other benefit than avoiding a criminal record. Given what we know about the lack of effectiveness of interventions aimed at deterrence, punishing people for continuing to use drugs is unlikely to trigger motivation to change.

As with all ideal types, there will be cases that do not fit the types, and some blurring at the boundaries. It is possible, for example, that a particularly well-designed and engaging PDD program might move some people from Type 3 to Type 2; in the language of the cycle of change (DiClemente & Prochaska, 1982), from precontemplation to contemplation. It is also possible that a particularly badly designed and implemented PDD program could move people in the opposite direction.

The point of ideal types like these is not to fix simple categories in place, but rather to help think through the implications of diversity in the target population. Different PDD programs will best suit the needs of each type. The relatively undemanding Group 1 forms of PDD may be best suited for motivating and engaging people who are close to Type 1. The more lengthy and personalized forms of intervention provided through a Group 2 PDD program may be more apt for people who are close to Type 2. People who are close to Type 3 may perceive that no PDD program meets their needs and is rather an unjustified intrusion into their private choice to do what they want with their own bodies. For them, no PDD program is likely to be motivating or engaging. They would be more likely to support what the International Network of People who Use Drugs has called 'full decriminalization' (Madden et al. 2021). This involves removal of the police from the lives of people who use drugs and legalization of supply of currently illicit substances.

Conclusion

Our analysis of interviews and focus groups with a large sample of stakeholders across three English PDD programs supports previous theoretical and empirical insights on the diversity of motivation to engage and change in interventions that are targeted at people who use drugs and are in contact with the CJS (DiClemente & Prochaska, 1982; Michie et al., 2011; Stevens et al., 2006).

Motivation is important for understanding and creating engagement and behavioral change. It is mutable and can be supported by PDD interventions that fit the needs of the people who are diverted. The diversity of these needs calls for a diverse and flexible provision of PDD. This is hard to achieve in any one police force area, unless the force operates more than one form of diversion for different types of people.

By shedding light on the contexts and mechanisms that enhance or diminish motivation in PDD programs, this realist evaluation adds to the range of empirical work on how motivation operates in criminal justice and drug treatment settings. It also provides valuable information that police and practitioners can use in designing and adapting PDD and other programs that seek to work with people who use illicit drugs. While some people may not wish or be ready to change their drug use, many are and would like to. For these people, well-targeted, designed and delivered PDD programs may help them reduce their illicit drug use and offending. This article provides insights from the experiences of existing PDD programs on how such positive experiences can be supported, and under what circumstances they are less likely to occur.

Notes

1. EMMIE is an abbreviation for Effect, Mechanisms, Moderators, Implementation and Economics.
2. VICTORE is an abbreviation for Volitions, Implementation, Contexts, Time, Outcomes, Rivalry and Emergence.
3. Force A includes Group 1 and 2 divertees and Force B includes 1-hour e-learning and 3-hour group education courses divertees.
4. Disclosure and Barring Service: a UK Government body helping organizations make recruitment decisions by providing information about a person's criminal history. Different kinds of checks offer different levels of information: https://www.gov.uk/government/organisations/disclosure-and-barring-service/about.
5. Force C's PDD program does not usually involve arrest, but this interviewee was initially suspected of other offences and was later released.

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Ethics

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Data availability

In order to protect the confidentiality of participants, we have promised ethical reviewers of these studies that the original data will not be publicly released, due to the small but important risk that these data could be used to identify individual participants.

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