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***The Durham Drug Diversion Scheme. Checkpoint: Descriptive Manual. Manual.***  
**University of Kent**

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# Police Drug Diversion Evaluation (EAF)

## The Durham Drug Diversion Scheme

### Checkpoint: Descriptive Manual

March 2023

University of  
**Kent**



College of  
Policing

# CONTENTS

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Contact details .....	2
Abbreviations .....	3
Introduction .....	3
Checkpoint: Context.....	4
The targeted participants .....	4
Referral pathways .....	6
Components of the PDD Scheme.....	6
Content of the PDD Scheme .....	7
Compliance .....	8
Payment .....	8
Monitoring .....	8
Intended Benefits for participating police forces .....	8
Theory of change .....	9
Other Diversion pathways: alternatives to the Criminal Justice route.....	10
APPENDIX: PDD documents .....	11
References .....	19

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## ABBREVIATIONS

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AUDIT	Alcohol Use Disorders Identification Test
PDD	Police-led drug diversion
TIDieR+	Template for Intervention Description and Replication + (Economic Costs)
DART	Durham Diversion & Rehabilitation Team
NVQ	National Vocation Qualification
OIC	Officer in charge
PHT	Prisoner Handling Team

## INTRODUCTION

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The College of Police and the University of Kent are leading an evaluation of police-led drug diversion schemes that are already operating in three areas: **Durham**, Thames Valley and West Midlands. People on the schemes are assessed, then referred to education, treatment, or support (as needed) with an ‘out of court disposal,’ like a warning, which does not create a criminal record.

PDD project partners include: universities, police forces, the Office for Health Improvement and Disparities and the lived experience charity, User Voice.

The PDD project started in mid-2022 and will finish in March 2025. It is funded by the Cabinet Office’s Evaluation Accelerator Fund. Findings will be published in a range of reports, practical guidance documents and academic articles.

**PDD Scheme name:** Checkpoint – Durham Police Drug Diversion Scheme

**Delivery dates:** This manual describes the Checkpoint PDD scheme from 01/08/2016 – to date (March 2023).

**Why:** To evaluate the effectiveness and cost-effectiveness of police-led diversion (PDD) schemes for drug-involved suspects. This national evaluation will inform policymakers, police forces, and their partners of how to maximise the benefits and reduce the costs of policing low-level drug-related offenders.

## Manual: Method of production

This manual has been produced in collaboration with Durham Police, the Checkpoint team, local authority stakeholders, User Voice and academic partners following the Checkpoint PDD regional workshop. The aim of the collaboration process was to create a detailed description of the Checkpoint scheme to enable evaluation, to produce an operational manual, to enable replication of police drug diversion schemes in other areas and to produce a TiDieR framework to judge the fidelity of implementation (1).

## CHECKPOINT: CONTEXT

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County Durham is largely a rural area with approximately **57%** classified as rural (2).

The Checkpoint scheme is a voluntary diversion and operates in County Durham and Darlington. The scheme aims to target low to moderate level offending at the earliest stage of the criminal justice process. Checkpoint is a **deferred prosecution scheme** for people coming into contact with the criminal justice system, resulting in no criminal conviction for successful participation.

Durham Diversion & Rehabilitation Team (DART) are the force Offender Management Unit responsible for dealing with out of court disposal outcomes for low-medium level offences. This includes referral to Checkpoint and other intervention programmes (see pg. 10).

The Checkpoint scheme aims to improve the life chances of those who participate whilst providing information and access to health-based interventions in the local communities. The scheme is based on current evidence and understanding to support deterrence and desistance from crime (3).

## THE TARGETED PARTICIPANTS

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For persons meeting the eligibility criteria a referral into Checkpoint is made by OIC/PHT.

**Eligibility Criteria:** for referral onto the Checkpoint scheme,

- The subject must be over 18 years old
- The subject must live in Co Durham or Darlington
- The offences must have occurred in Co Durham and Darlington
- The offence is relevant for DART (see eligible offences below [DART](#))
- Subject has made a full admission or "no reply" interview on the proviso that there is sufficient evidence to charge
- The crime must be less than three months old

**Requirement:** there must be an admission or **sufficient evidence to charge**. Access to this scheme requires the evidential test to be met. This means sufficient evidence for an

alternative police action can be taken if the offender fails to comply with the Checkpoint scheme or commits further offences whilst on the programme.

**Eligible offences include:**

- **Drugs – possession of any controlled drug and any low-level offences linked to the supply of controlled drugs\*\***
- Theft – all theft offences
- Burglary residential\* or commercial
- Criminal damage
- Fraud
- Public order
- Child neglect\*\*\*
- Standard or medium graded domestic-related crimes (familial NOT partners)
- Common assault, ABH and assaulting a police officer
- Possession of an offensive weapon/bladed article
- Harassment and malicious communications
- Cyber crimes

**Specific terms apply in some cases:**

\*Residential burglaries only eligible if low level, no aggravating features, and victim consent to this outcome

\*\*Offences involving drug-dealing must be low level with no financial gain i.e. street dealing by an addict who is controlled by supplier

\*\*\* Child neglect referral must be authorised by Safeguarding Insp

**Inclusion criteria:**

- Not on probation,
- Community resolution,
- Six months gap for previous offences and cautions.
- Supervisor determines referral, not always informing officer.
- Local agreement with probation, discussion about which pathway. + 12 months previous checkpoint intervention.

**Absolute Exclusion Criteria:**

- Domestic violence offences
- Sex offenders and sex offences

Anyone detained for court or under the Mental Health Act is not suitable for Checkpoint, nor is someone already subject to a court order, a suspended sentence, or a conditional discharge; the subject is not eligible if there are any co-accused involved in the offence.

Deferred prosecution: No more than three opportunities in the lifetime of the offender.

## REFERRAL PATHWAYS

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The investigating officer identifies and deals with the offence. The suspect will be arrested and invited for voluntary attendance to be interviewed by police under caution. The crime is recorded on the police management system, Red Sigma.

The investigating officer refers to a supervisor to check eligibility for the scheme. Officer discretion is central to the referral process based on their knowledge of the local population. Once the referral pathway to Checkpoint has been decided, an appointment is made for a face-to-face assessment at a police station for risk assessment purposes.

Following the successful completion of the Checkpoint scheme, the police record **Outcome 22** and advise the offender of no further action (NFA), however, it may be retained in police records for a period of time and may be disclosed under an enhanced DBS check.

## COMPONENTS OF THE PDD SCHEME

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**Process:** Following referral, an appointment is made for a face-to-face assessment. A comprehensive assessment is completed by a Checkpoint navigator, looking at all criminogenic needs and ascertaining contributing factors in offending behaviours. Physical and psychological tools will also be used to determine mental health status and alcohol audit tool (5) (appendix 3).

A legally binding four month contract is then drawn up and agreed with offender to tackle criminogenic needs, improve well-being and life chances.

**Modes of delivery:** 1:1 personalised support.

**Duration of session/dose:** Minimum data requirements set as 12 contacts, however based on need the contract can be altered as required.

**Location:** For risk assessment purposes the initial assessment is based within a police station. Depending on risk or need meetings may continue to be in police stations, however the majority will be within the home setting, community venues or other multi-agency buildings.

**Who delivers?** A team of 11 FTE navigators manage 20-25 cases each (dependant on complexity of cases). Durham receive approximately 18 referrals per month. Checkpoint navigators are recruited into Checkpoint from a range of multi-agency backgrounds giving them the skill set to engage and deliver interventions with the offenders.

**Voluntary/Unpaid Staff:** The Checkpoint scheme has no voluntary or unpaid staff delivery for any element of the scheme.

**Other referral:** Checkpoint navigators work closely with multiple agencies within the community which are already established, referrals into multiple agencies will be made and hand holding into services if required.

**Partners:** Checkpoint navigators work with multiple agencies within the community. These are established relationships with: Mental Health Services, NHS Liaison and Diversion, Talking Changes, Drug and Alcohol services, Housing services, Community support groups which include local food banks, The Arch, Citizens Advice Bureau, local financial support services, Age UK, the veterans society, women's charities, sexual health services, support groups for males and employability organisations.

## CONTENT OF THE PDD SCHEME

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**Aims and Objectives:** The Checkpoint scheme aims to improve the life chances of those who participate whilst providing information and access to health-based interventions in the local communities. Its objective is to stop and reduce offending.

**Content:** Assessment of need is individualised and person centred. Information from the initial needs based assessment determines the contract conditions. The conditions are 'person centred' around the impacting pathways identified. The navigator will identify and support the person to engage with relevant services to address the personal issues that contributed to the offence, e.g. substance use, accommodation, finance, employment, mental or physical health. Possible examples,

- Supporting someone who suffers anxiety as struggles to go out alone which may impact on how they engage with the community. Contract condition could be to do outside activities supported by the navigator to build on confidence.
- Support someone into drug treatment services and escort them to meetings until they feel confident or motivated to take the next step.
- If a Victim condition is identified, support to take part in a restorative approach if the victim wishes.

Part of the support content is to consider exit strategies when the end of the contract is due. This is to ensure dependence on the support is managed and discouraged.

**Checkpoint Materials:** Checkpoint navigators use various physical and psychological tools to conduct the 1:1 comprehensive assessment. These include,

- The Warwick–Edinburgh Mental Well-being Scale (WEMWBS) (4) (appendix 2)
- Alcohol use disorders Identification test (5) (appendix 3)
- Anxiety workbook
- Quitting Cannabis workbook (6) [quitting-workbook](#)
- Improving self-esteem: Mental Health worksheets (7) [Therapy Worksheets](#)

**Modifications:** During the Covid pandemic the initial assessments were completed over the phone to determine risk. Face-to-face appointments were limited to need however continued to take place where appropriate. No lifts in navigator vehicles occurred due to close contact and PPE was worn at all times.

## COMPLIANCE

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**What counts as compliance?** Compliance is measured on affective engagement to tackle criminogenic needs and motivation to change.

**What happens for non-compliance?** The legally binding contract can be invoked for non-compliance at any point during the four-month period should the offender breach the conditions of the contract. Should someone fail to engage with the navigator or referral agencies this would be a breach of contract and the offence will be passed back to the OIC for alternative outcome in the form of caution or charge. If they commit a further offence whilst on Checkpoint they will be ineligible for continuation.

**What happens for repeat offenders?** They are not offered Checkpoint again.

## PAYMENT

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The person who is diverted is not charged any costs for the diversion, assessment, or subsequent session.

## MONITORING

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The offence is recorded on the police crime recording system, Red Sigma. Once the offender is referred to Checkpoint they are monitored via the Client & Offender Management and Engagement Tracker (COMET) systems.

## INTENDED BENEFITS FOR PARTICIPATING POLICE FORCES

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It is intended that the benefits from Checkpoint affect different stakeholders and include:

**Police:** Reduced reoffending, reduced cost, improved community relations.

**Treatment Practitioners:** Early identification of people who may need drug treatment, or who may be at risk of developing problems with drugs.

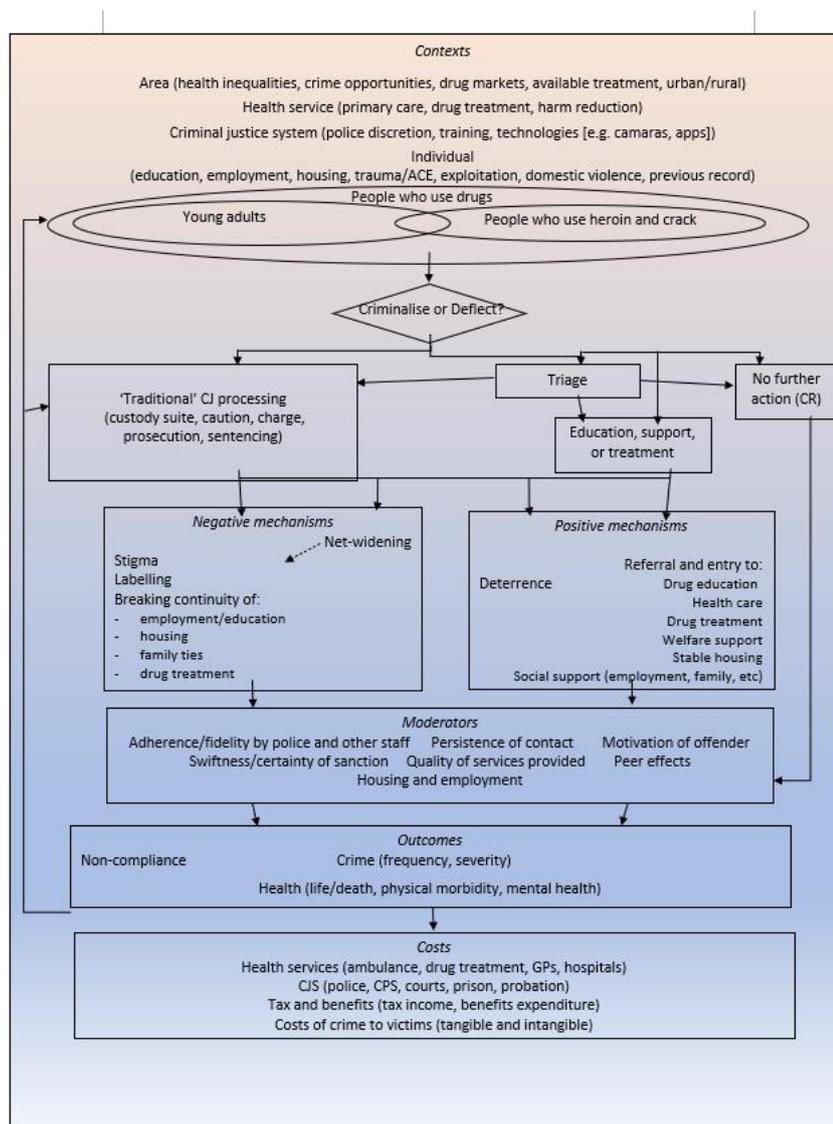
**People who use drugs:** Increasing their access to useful educative and treatment services, reducing the harms done to them by unnecessary criminalisation, and so improving their health and wellbeing and reducing their offending.

**Families of people who use drugs and local communities:** Reducing the burden of poor health and offending.

## THEORY OF CHANGE

Checkpoint aims to educate and support individuals to make informed choices about drug use and is an early intervention for those at risk of drug related harm. Checkpoint is based on the current evidence base that recognises that formal processing in the CJS leads can lead to an increase in offending.

*Theory of Change, March 2023*



## OTHER DIVERSION PATHWAYS: ALTERNATIVES TO THE CRIMINAL JUSTICE ROUTE

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This section provides a brief overview of the other relevant diversion pathway that is offered in the Durham.

Community resolution for possession of cannabis should be the first disposal method considered (appendix 1). The decision to action a community resolution for cannabis or refer to Checkpoint is decided by the officer who identifies the initial offence.

Incidents involving **cannabis possession alone** would be dealt with by Prosec 88. A suspect can receive this up to 2 times in one year, and would then be escalated to a prosecution, although this prosecution could be deferred if they meet other eligibility criteria for Checkpoint and agree to go through it. Re deferred prosecution: No more than 3 opportunities in the lifetime of the offender.

**Diversion name:** Community Resolution/Prosecc 88 (appendix 1.)

**Diversion Provider:** Durham Police

### **Eligibility Criteria:**

- Aged 18+ to receive a cannabis community resolution
- Suspect accepts responsibility for the offence?
- PNC/local records checked to verify eligibility for this outcome?

### **Considerations:**

- Is there evidence to show this suspect accepts responsibility for the offence?
- Is there a verifiable record that the suspect has been made aware that they will be shown as being responsible for this offence (i.e. Signed PNB entry/BDWV) & implications, including possible disclosure under enhanced DBS?
- Have PNC/local records been checked to make sure they are eligible for this outcome?
- Have the gravity factors been considered?

### **Pathway:**

- Community Resolutions (Outcome 8)
- Victim informed

**Contact details:** Email the Prosec 88 team: [DART@durham.police.uk](mailto:DART@durham.police.uk)

## APPENDIX: PDD DOCUMENTS

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### Appendix 1. Possession of Cannabis - Community Resolution document



*Altogether Better Policing*

## **COMMUNITY RESOLUTION POSSESSION OF CANNABIS**

Prosec 88  
(Amd Nov 21)

### Community Resolution – Possession of Cannabis

A person must be 18 years or over to receive a Cannabis Community resolution. If the person is under 18 years, then consider a Youth CR via a YOT referral.

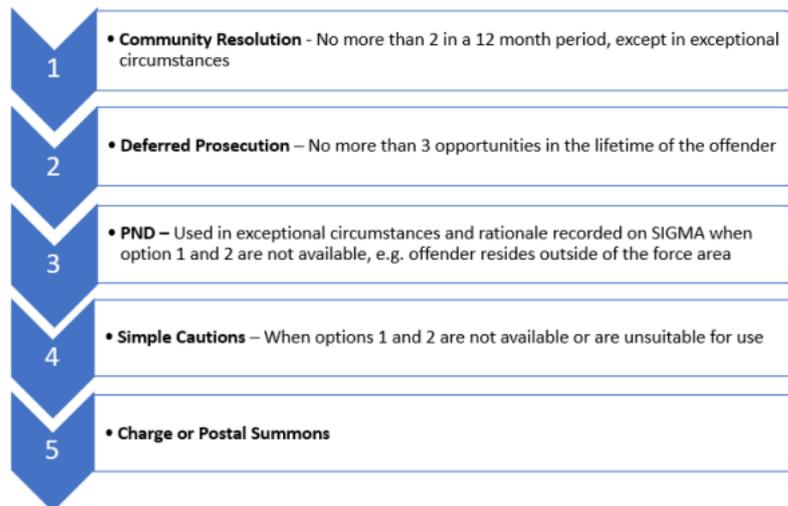
- Community Resolution for Possession of Cannabis should be the first disposal methods considered for Possession of Cannabis .
- Community resolutions must NOT be used in either of the following situations, unless in exceptional circumstances, where prior authority must be sought from an INSPECTOR.
  1. Where there has been more than two Community Resolutions for two episodes of offending in any 12-month period.
  2. The individual is currently subject of a court order/bail conditions or is a managed offender
- The offender MUST have accepted responsibility for the possession of cannabis.

#### A COMMUNITY RESOLUTION WILL NOT BE APPROPRIATE IF AGGRAVATING FACTORS ARE PRESENT;

- a. Suggestion of supplying drugs
- b. Possession causes a risk to young people
- c. Linked to other serious offences or other aggravating factors

This form MUST be completed at the time. Officers must complete the form (including deletions) before submission to a supervisor for quality assurance. The form MUST also be uploaded to the documents tab on the Red Sigma crime.

#### DISPOSAL OPTIONS



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## Process To complete When Issuing a Community Resolution for Cannabis Possession

### Step 1

- 1 - Complete Prosec 88 Form.
- 2 - Ensure a telephone number for the offender has been obtained.  
This MUST be completed.
- 3 - Record a crime on Red Sigma.
- 4 - Scan a copy of the Prosec 88 to the documents tab on the crime report.

### Step 2

Complete a DART Referral on Comet. (see instructions below)

Locate the COMET page via the favourites list on the homepage of the Force Intranet.

Click on "subject" which is on top black tool bar.

Enter surname and first name in relevant field and click search.

If person already exists on COMET, click on their photograph, bring up their nominal page.

If person not registered on COMET, click on "create new" and enter their details.

Once their nominal page is displayed, click on the "R" tile which is located in the small icon boxes across the middle of page;

Press the green + button at top of page to create a new referral, follow and complete the mandatory drop-boxes. (crime number)

### Step 3

- 1 - Email the Prosec 88 to [DART@durham.police.uk](mailto:DART@durham.police.uk).
- 2 - If an Inspector's authority is required then the crime MUST be endorsed with the Inspectors rationale.

**RESTRICTED**

**RECORD OF INTERVIEW - COMMUNITY RESOLUTION FOR  
CANNABIS POSSESSION PROSEC 88**

Intelligence checks must be done beforehand issue to ensure eligibility.

PNC  (Check if applicable) - PND  (Check if applicable)

Accepts responsibility for the offence:  YES  NO

If suspect has 2 previous CR's for possession of Cannabis or is currently subject of a court order, an Inspectors Authority must be obtained prior to issue.

Inspectors Authority Required:  YES  NO - If yes, Obtained:  YES  NO

Name of Authorising officer: .....

Crime Number: CRI..... **Offender contact no:(MUST BE OBTAINED)** .....

Full Name: ..... D.o.B .....

PNC Code IC  Self Defined     Not Stated

Address: ..... Post Code: .....

Date of interview: ..... Location of interview: .....

Time commenced: ..... Time completed: .....

Issue date: ..... Issue Time: .....

Interviewing officer: ..... Others present: .....

Caution

**Q. I must remind you that you are not under arrest, entitled to free legal advice and are free to leave at any time. Do you understand?**

R .....

Q. You do not have to continue with this interview at this moment if you feel that you need legal advice Do you require any legal advice prior to this interview?

R .....

Q. If legal advice is declined. Why do you not wish to be legally represented?

R .....

Q. Are you happy to continue without legal advice?

R .....

Q. You have just been searched by the police and this has been found in your possession.

Exhibit ..... Description: .....

Q. Is it yours ? ..... Q. What is it ? R .....

Q. Who is it for? R .....

**Q. Do you understand that it is a criminal offence contrary to section 5(2) of and Schedule 4 to the Misuse of Drugs Act 1971 to illegally possess cannabis?**

R .....

Q. Is there any Lawful reason why you have possession of the cannabis?

R .....

Q. Is there anything else you wish to say?

R .....

Q. Having admitted the offence of cannabis possession I intend to deal with you by way of a Community resolution for cannabis possession which will be recorded by the police and may be disclosed as part of an enhanced CRB check. This warning will not be recorded as a criminal conviction.

Q. Do you understand? R .....

Interviewee signature: ..... OIC signature: .....

**RESTRICTED**

**RESTRICTED**

**ACKNOWLEDGMENT OF COMMUNITY RESOLUTION FOR POSSESSION OF CANNABIS.**

On the ...../...../..... (date) at location .....

.....  
I had in my possession a quantity of cannabis, a controlled drug in contravention of the Misuse of Drugs Act 1971. I have accepted responsibility for the Offence of Possession of Cannabis. I understand that a crime record will be made of the incident, showing me as the offender. It will be recorded by the police and maybe disclosed as part of an enhanced DBS check. This will not be recorded as a criminal conviction. I have been informed this is being dealt with by way of a Community Resolution for Possession of Cannabis & that I will be contacted by telephone by a professional support worker from the DART Team (Diversion and Rehabilitation Team). I understand that I am required to complete the necessary diversionary/education programme as advised by the DART support worker. I am aware that, and consent to, my details being sent to any partner agencies who may work with me & that information about my involvement, attendance & engagement will be shared with Durham Police.

Name: (Capitals).....

Signed: .....

Disclaimer.

I hereby disclaim the following item(s) taken from me by the police:

.....  
.....  
.....  
.....

I understand they will be disposed of by the police according to current legislation. I acknowledge I abandon all rights to the item(s).

Signed: .....

Drug ERP ref: .....

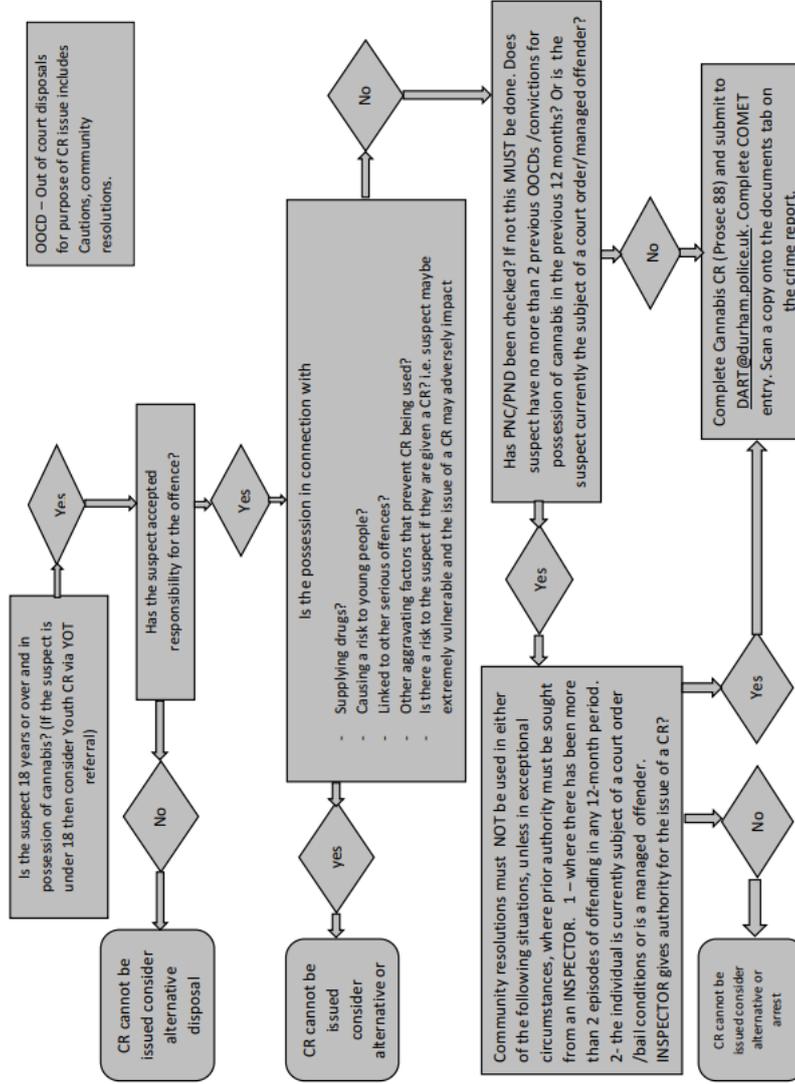
Crime Ref No: .....

Officer Signature: .....

Supervisor Signature: .....

**RESTRICTED**

# Community resolution for cannabis possession - Process Map



### The Warwick–Edinburgh Mental Well-being Scale (WEMWBS)

Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of each over the last 2 weeks

STATEMENTS	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been feeling interested in other people	1	2	3	4	5
I've had energy to spare	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling good about myself	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been feeling confident	1	2	3	4	5
I've been able to make up my own mind about things	1	2	3	4	5
I've been feeling loved	1	2	3	4	5
I've been interested in new things	1	2	3	4	5
I've been feeling cheerful	1	2	3	4	5

Warwick–Edinburgh Mental Well-being Scale (WEMWBS)  
 © NHS Health Scotland, University of Warwick and University of Edinburgh,  
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## Appendix 3. Audit Tool

### Scoring:

- 0 to 7 indicates low risk
- 8 to 15 indicates increasing risk
- 16 to 19 indicates higher risk,
- 20 or more indicates possible dependence

### Giving feedback and advice

If the score is lower

If the score is 8 or above, give [brief advice](#) to reduce risk for alcohol harm. If the score is 20 or above, consider referral to specialist alcohol harm assessment.

### Alcohol unit reference

One unit of alcohol	 Half pint of "regular" beer, lager or cider	 Half a small glass of wine	 1 single measure of spirits	 1 small glass of sherry	 1 single measure of aperitifs		
Drinks more than a single unit	 2 Pint of "regular" beer, lager or cider	 3 Pint of "strong" or "premium" beer, lager or cider	 1.5 Alcopop or a 275ml bottle of regular lager	 2 440ml can of "regular" lager or cider	 4 440ml can of "super strength" lager	 3 250ml glass of wine (12%)	 9 75cl Bottle of wine (12%)

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