University of Kent

Kent Academic Repository

Smith, Rivka, Bacon, Matthew, Beerjeraz, Alexander, Berlin, Jenni, Duckworth, Paul, Hendrie, Nadine, Monaghan, Mark, Obed, Samira, Woodfinden, Katie and Stevens, Alex (2026) *More than a second chance: Realist, qualitative insights on the outcomes of police drug diversion in England.* Criminology & Criminal Justice . ISSN 1748-8958.

Downloaded from
https://kar.kent.ac.uk/116004/ The University of Kent's Academic Repository KAR

The version of record is available from
https://doi.org/10.1177/17488958261462143

This document version
Publisher pdf

DOI for this version

Licence for this version
CC BY-NC (Attribution-NonCommercial)

Additional information

Versions of research works

Versions of Record
If this version is the version of record, it is the same as the published version available on the publisher's web site. Cite as the published version.

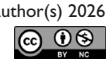
Author Accepted Manuscripts
If this document is identified as the Author Accepted Manuscript it is the version after peer review but before type setting, copy editing or publisher branding. Cite as Surname, Initial. (Year) 'Title of article'. To be published in ***Title of Journal*** , Volume and issue numbers [peer-reviewed accepted version]. Available at: DOI or URL (Accessed: date).

Enquiries
If you have questions about this document contact ResearchSupport@kent.ac.uk. Please include the URL of the record in KAR. If you believe that your, or a third party's rights have been compromised through this document please see our Take Down policy (available from https://www.kent.ac.uk/guides/kar-the-kent-academic-repository#policies).

Check for updates

Article

CCJ

Criminology & Criminal Justice
1–22
© The Author(s) 2026

Article reuse guidelines:
sagepub.com/journals-permissions
DOI: 10.1177/17488958261462143
journals.sagepub.com/home/crj
Sage

More than a second chance: Realist, qualitative insights on the outcomes of police drug diversion in England

Rivka Smith[1], Matthew Bacon[1], Alexander Beerjeraz[2], Jenni Berlin[2], Paul Duckworth[2], Nadine Hendrie[3], Mark Monaghan[4], Samira Obed[2], Katie Woodfinden[2] and Alex Stevens[1]

Abstract

This article explores the personal and social impacts of police drug diversion schemes in England through qualitative insights from 103 interviews and 3 focus groups with diverted individuals ('divertees'). Building on existing realist programme theory, the research identifies four key mechanisms – learning, signposting, handholding, and need fulfilment – that shape police drug diversion outcomes across varying contexts. Findings reveal that police drug diversion can lead to a range of positive personal and social outcomes through these mechanisms, which are used to explain how police drug diversion supports both occasional and more entrenched drug users in reducing their use, improving wellbeing, and rebuilding social and economic stability. While many divertees benefit from avoiding criminalisation, the article questions whether criminal justice should be the sole or primary access point for support. We conclude that well-designed police drug diversion schemes can offer more than a second chance by addressing unmet criminogenic needs and catalysing meaningful personal change, especially when interventions move beyond education and towards holistic, person-centred support.

Keywords

policing, drugs, diversion, lived experience, outcomes, peer research, drug policy, realist

[1]School of Law, The University of Sheffield, UK
[2]User Voice, London, UK
[3]The Centre for Health Care Studies, University of Kent, UK
[4]The Department of Social Sciences and Humanities, University of Loughborough, UK

Corresponding author:
Rivka Smith, School of Law, The University of Sheffield, Bartolome House, Winter Street, Sheffield S3 7ND, UK.
Email: drrivkasmith@gmail.com

Introduction

It has been shown internationally that alternatives to criminalisation for low-level drug offences can produce a range of positive outcomes, depending on the contexts and the causal mechanisms that they trigger (Beckett, 2016; Perrone et al., 2022; Stevens et al., 2022). Combined law enforcement and public health approaches within policing, based on the increasing acceptance that personal drug use is not merely a criminal issue, but one that inevitably affects public health, has led to increased calls for alternative measures to criminalisation which can increase access to education, treatment, and social support services (Stevens et al., 2022; Van Dijk and Crofts, 2017). Such programmes are sometimes thought of as giving people a 'second chance' to avoid criminalisation. The harms of criminalisation are well documented and include direct harm from the use and cost of criminal justice processes, as well as lasting damage to future prospects, as suggested by the secondary deviance, labelling, and 'negotiated order' perspectives (Lemert, 1951; McAra and McVie, 2012; Matza, 1964).

This article presents findings from the qualitative phase of a large, multi-site, realist evaluation of three police drug diversion (PDD) programmes in England. Based upon our refinement of Stevens et al.'s (2022) programme theory of alternative measures for dealing with simple drug possession, in which the authors identify a 'web of causal processes', this article presents service user data that evidences the personal and social impact of PDD. In doing so, and in line with realist methodological principles (c.f. Pawson and Tilley, 1997), it details some of the key mechanisms – the underlying entities, processes, or structures – that operate within specific contexts, which we demonstrate are fundamental in triggering the intended positive outcomes for people who are diverted from the criminal justice system (CJS). We outline four core mechanisms that shape PDD outcomes – *learning, signposting, handholding*, and *need fulfilment* – and demonstrate how these interact across differing institutional and individual contexts.

Our contribution to the literature is threefold. First, this article complements and further develops extant knowledge of PDD programme mechanisms to assist in the development of an enhanced theory of change. At a time when diversion has been specified as a key element of the Government's 10-year drug strategy (HM Government, 2021), and when many forces are actively seeking to implement or expand PDD, it is imperative that such developments can rely upon sound knowledge of the contexts and mechanisms that underpin the process. Second, this article provides much needed specificity and a more nuanced understanding of the broader outcomes associated with PDD, including recidivism, abstinence, or decreased drug use; reduced health-related harms; improved socioeconomic conditions; and an increase in social integration of people who use drugs. Finally, the article reframes PDD as a contingent gateway to social support rather than a uniform alternative to criminalisation (Blais et al., 2022; Ministry of Justice, 2025; Stevens et al., 2022). Collectively, these contributions illuminate how and under what conditions diversionary mechanisms are activated (Pawson and Tilley, 1997; Pawson et al., 2005), providing knowledge that is relevant beyond the immediate case studies.

Situating PDD in the broader context of drug diversion

PDD is one form of a broader range of alternatives to criminalisation for drug-related offending (Blais et al., 2022; Harmon-Darrow et al., 2022; Hayhurst et al., 2019; Stevens et al., 2022). There is an emerging and expanding international evidence base on the diversity of diversion schemes, but currently the bulk of studies are located in North America, Australia, and, to a lesser extent, Europe. Research which has been undertaken in England is largely quantitative and limited to individual schemes (De Viggiani, 2022; Spyt et al., 2019). For example, there have been two English randomised trials of PDD: one in Durham (Weir et al., 2021), and the other in the West Midlands (Slothower et al., 2017). Both showed quantitative reductions in reoffending, but neither commented on wider outcomes, nor provided qualitative analysis of how these outcomes were generated.

This echoes a wider pattern in the international research, which tends to focus primarily on quantitative outcomes, and especially reoffending (Harmon-Darrow et al., 2022; Stevens et al., 2022). Limited research on other outcomes is, however, available from Australia and the USA. In Australia, Hughes et al. (2019) identify the practice of diverting offenders away from the formal CJS as a longstanding feature of Australian policing. An evaluation of the Queensland Illicit Drug Diversion programme (DDP) studies the 'social functioning' of participants and found it to be 'stable' (Hales et al., 2004). A more recent addition to the literature on Queensland's DDP, Piatkowski et al. (2025), highlights that the programme provides confidential, supportive help for people who use drugs, diverting them from criminal charges and court processes, and instead connecting them with health and counselling services. Participants consistently valued avoiding a criminal record and described how the DDP helped reduce stigma by separating their identities from the stereotype of the 'criminal addict'. Many found the counselling particularly helpful as it offered a safe, non-judgmental space to reflect on their use, though some questioned the need for intervention if they didn't see their use as problematic.

In the United States, Labriola et al. (2023) differentiate diversion (for those already in the CJS) from deflection (pre-CJS entry). Writing in the context of the US opioid crisis, they trace deflection programmes back to around 2015, describing the aims of deflection programmes as connecting people with substance use disorders, on encountering the CJS, with services including treatment in accordance with individual need. There have been several studies of Law Enforcement Assisted Diversion (LEAD) programmes in the USA. Most have focused on reoffending, but there is at least one explicitly qualitative study (Joudrey et al., 2021) and one process evaluation (Magaña et al., 2022). A systematic review of the evidence on diversion on arrest schemes concluded, however, that 'qualitative experiences of diversion program participants, program staff, project leaders, and law enforcement are needed to determine the quality, depth, and dimensions of the experience of diversion' (Harmon-Darrow et al., 2022: 19).

Defining PDD

The extant literature thus shows that the term 'diversion' has multiple meanings, models, functions, and applications in practice (Bacon, 2024; Kelly and Armitage, 2015). We define it as the provision of alternatives to criminalisation for minor drug-related

offences, including – but not limited to – simple possession for personal use that provide people suspected of such offences with an educative or therapeutic intervention, rather than being processed through prosecution (Stevens et al., 2022). PDD refers specifically to schemes that are initiated by the police, meaning it differs from other forms of diversion in the CJS, in that the intervention is police-led and occurs at the point of initial contact, rather than through court or probation-based pathways. The educative or therapeutic component varies, but examples include attendance at a drug awareness session or engagement with a local support service, completion of which prevents criminalisation (Bacon, 2024). Simple drug possession is the most common offence subject to diversion, but not all police forces offer PDD. While an increasing number of forces offer out-of-court or referral programmes for simple possession, the formality of these varies significantly (Bacon, 2024; Shaw et al., 2022). The limited research on the provision of PDD schemes in England describes existing schemes (Jones and Twomey, 2023; Spyt et al., 2019) and, in the case of Weir et al. (2021), provides encouraging quantitative findings on the effects in reducing reoffending.

There is currently a paucity of evidence on the impact of PDD schemes in England, as experienced by the people who are diverted to them ('divertees'). Although existing reviews indicate that international PDD schemes have been well evaluated, the specific arrangements as well as the underlying motivations, behaviours, and processes contributing to these outcomes have to this point been undocumented. Although we have addressed specific partner arrangements and divertees underlying motivations elsewhere (Bacon et al., 2026; Smith et al., 2025; Sutton et al., 2025), the focus of this article is on the latter of these unknowns – the specific processes that have contributed to reported outcomes.

Stevens et al. (2022) provided a realist programme theory of alternatives to criminalisation for dealing with simple possession that considered their context, mechanisms, and outcomes which we refined for this study (Stevens and Glasspoole-Bird, 2023). The objective of the review was not to determine the effect size of PDD programmes on specific outcomes, but to develop a detailed programme theory of how alternatives to criminalisation work, for whom, in what contexts, and why. It demonstrates how the implementation of alternative measures in contexts shaped by specific structural and cultural properties trigger mechanisms in three causal pathways (normative, criminal justice, and health and social services). These alternatives work through complex combinations of contexts and mechanisms to produce differing health and crime outcomes.

A systematic review by Blais et al. (2022) focused more specifically on the outcomes of PDD schemes, finding that they are 'effective' in preventing reoffending, and 'promising' in improving health-related outcomes. Most of the studies covered by Blais et al. were from the USA, and one from Portugal.[1] Although they reported on qualitative findings from 13 of the studies they reviewed, only three US studies reported perspectives directly from divertees, rather than the people who designed or implemented these schemes (Clifasefi and Collins, 2016; Denman, 2018; Schiff et al., 2017). These participants described notable improvements in self-esteem, relationships with others, autonomy, optimism, and their quality of life. About half the participants in these studies mentioned that they had had no further contact with the police or that when contacts did occur, they were more positive.

Methods

The qualitative data underpinning this article was collected in three English police force areas. It comes from 103 divertee interviews which were carried out by peer researchers with lived experience of being criminalised or previous problematic substance use. Interviews typically lasted between 45 and 90 minutes and were conducted by telephone or online video call, depending on participant preference and accessibility. Peer and academic researchers also co-led three focus groups with divertees, to explore their experiences of PDD and get their views on the preliminary findings (one in-person and two virtually via secure online platforms). Topic guides for interviews and focus groups explored participants' experiences of PDD; perceived impacts on their drug use, health, and wellbeing; and interactions with practitioners or other services. Stakeholder and practitioner perspectives were also collected through a further 118 semi-structured interviews, allowing triangulation between divertee and practitioner perspectives. These perspectives are reported elsewhere (Bacon et al., 2026; Smith et al., 2025; Stevens et al., 2026) and so the focus of this article remains on presenting the voice of those with lived experience of PDD in depicting the outcomes they reported and the underlying mechanisms leading to them.

Each of the three participating police force areas operated a PDD scheme specifically designed for individuals caught for simple drug possession, with no evidence of intent to supply. We classify these as Type 1 PDD schemes. One of the forces also implemented a broader PDD scheme targeting a wider category of low-level offenders, including those suspected of drug offences as well as drug-related crimes such as theft, criminal damage, and minor cases of child neglect. We refer to this as a Type 2 PDD scheme. To strengthen participant confidentiality, we designate these as Force A, B, or C, accompanied by either a Type 1 or 2 descriptor to signify what type of diversion programme the interviewee had attended. A more comprehensive description of the variations between Type 1 and 2 schemes has also been reported prior (Smith et al., 2025) but in summary, Type 1 schemes were short one-off educative interventions delivered virtually, and the Type 2 scheme was a 16-week in-person one-to-one intervention, tailored to address the underlying criminogenic needs of the diverted individual. This variance is reflected throughout the presented findings, to demonstrate how the mechanisms of *learning, signposting, handholding*, and *need fulfilment* operate within and across different PDD models. These mechanisms collectively explain the variation in outcomes observed.

See Table 1 for a breakdown of the participants in interviews and focus groups by police force and PDD scheme type. In line with the overall number of participants in PDD schemes in these areas, the 103 divertee participants are broadly reflective of the wider diverted population in terms of gender, age, and ethnicity. In summary, just over a quarter of the sample were female, the majority were of White British ethnicity, and over half were under the age of 34. The main ethical risks we identified in this project were related to informed consent and confidentiality. All participants in the research were given written and verbal information about the project before being asked to sign consent forms, if they agreed to participate. All participants have been given a pseudonym to hide their identity. In line with good practice in the field, participants were compensated for their time (Seddon, 2005). As most of these interactions were by phone or online, this was provided in the form of an electronic payment voucher.

Table 1. Number of participants per site, intervention type, and method.

Site	Interviews	Focus group attendees
A (Type 1)	6	5
A (Type 2)	44	
B	37	4
C	17	3
Total	103	12

Interviews and focus groups were transcribed, anonymised, and analysed using NVivo software for computer assisted qualitative data analysis (Dalkin et al., 2021). Our analytical approach was guided by adaptive theory (Layder, 1998) and the abductive reasoning characteristic of critical realist analysis (Danermark et al., 2019). An initial coding framework was derived from our provisional theory of change (Stevens and Glasspoole-Bird, 2023) and conceptual models for realist analysis, including EMMIE (Johnson et al., 2015) and VICTORE (Cooper et al., 2020).

These codes were iteratively refined as we read, reread, and discussed the transcripts and coding. These discussions included meetings and other communication between the academic and peer researchers, to check, verify, and adjust interpretation of the data. New codes were added to the coding framework as new concepts were identified in the data. With our critical realist framework, we did not expect to find an invariant relationship between predictor variables and consistent outcomes. Rather, we were looking for the 'demi-regularities' that produce varying outcomes, for different people, in various contexts (Lawson, 2019). Finally, we condensed the coding into themes, with our analysis producing four interrelated themes corresponding to the key mechanisms of change that form the focus of this article:

1. **Learning** – cognitive or attitudinal shifts following educational components of PDD.
2. **Signposting** – referral or connection to other forms of support beyond the scheme.
3. **Handholding** – practical and emotional assistance facilitating engagement with services.
4. **Need fulfilment** – addressing unmet basic, safety, social, or esteem needs that underpin offending behaviour.

These themes structure the presentation of findings below and provide a coherent framework for understanding the contexts and outcomes of PDD.

Findings

The personal and social impact of PDD on individuals was found to vary in effect and extent, depending on the causal web of factors that underpin it. Each of the broad crime and health outcomes we expected to see through our provisional programme theory

Table 2. Broad outcomes of PDD and related quotes from participants.

Expected outcome (Stevens et al., 2022)	Evidence of outcome occurring or not across different contexts
Drug use (reduced)	'Since then, I've only touched it on four different occasions. That was at parties – so for six months I've not really been smoking daily as I was before'. (Focus Group Participant, Force C, Type 1) 'I'd say it's probably about the same'. (Force B, Type 1 Interviewee)
Drug use (abstinence)	'I did have a problem with sniffing drugs and stupid stuff like that. I did have a problem with it, but now, that's long gone. It's all in my history now'. (Force A, Type 2 Interviewee)
Health harms	'I feel like if that course didn't happen then I wouldn't have stopped and since I've stopped, I've gotten a lot healthier . . . I don't have these chest pains and I'm a lot more, like, physical with things'. (Force B, Type 1 Interviewee) 'I was pretty healthy while I was smoking weed'. (Force C, Type 1 Interviewee)
Criminal recidivism (other offences)	'I would have ended up in jail if it wasn't for [PDD]. It's as simple as that. And with the state of my mind at that point I don't think I would have survived. I think I would have had a mental breakdown in jail'. (Andrew, Force A, Type 2 Interviewee) 'I never stopped doing whatever I was doing, until I was convicted'. (Rishi, Force B, Type 1 Interviewee)
Socioeconomic	'I got into work through him [PDD worker]. I've just left my job because I'm going into a different one, I'm going into shopfitting!' (Arlo, Force A, Type 2 Interviewee) 'It's not really made a difference either way'. (Jesse, Force B, Type 1 Interviewee)
Social integration and pro-social behaviours	'I'm getting a lot more aware of things like that [my anger] now. I won't react. I would pull myself back now and not react the way I used to. (Charlie, Force A, Type 2 Interviewee)
Quality of life and life chances	'I stopped drugs and alcohol . . . which then other things just started falling into place. So then I was going to the gym more, I started getting in shape, I lost a load of weight. I was reading more, getting educated. It just changed so many things in my life'. (Darren, Force A, Type 2 Interviewee) 'Not really' [in response to being asked if PDD had improved their quality of life/life chances]. (Brandon, Force B, Type 1 Interviewee)

(Stevens and Glasspoole-Bird, 2023) were reported by participants and are presented in Table 2, with supporting data. Also included, however, are the – fewer in number – perspectives of people who reported to the contrary, which we include for context to aid readers' understanding in this section of how outcomes were moderated by the institutional context of the schemes, such as their individual aims and the model of PDD each force had adopted.

Structured around the broad themes of 'learning', 'signposting', 'handholding', and 'need fulfilment', we show it was the absence of the latter two mechanisms in certain contexts that impeded upon intended outcomes.

Mechanisms

Learning

Education was the primary method used across all the PDD schemes, though for Type 1 this was an 'intensive' session over 1–3 hours, whereas for Type 2, this was gradual over a 4-month PDD scheme. For diverted individuals to reduce or abstain from drug use, changes in their attitudinal or cognitive thoughts towards drugs was identified as the required process to trigger change. We found both Type 1 and 2 measures to have this effect, especially for people who had relatively little experience with, or knowledge of, illicit drugs. Consequently, we identified learning as an important underlying mechanism of change for some PDD participants.

Education is one aspect of behaviour change, though a person's ability to change their behaviour through education is influenced by an array of individual, social, and environmental factors, with socioeconomic circumstances being a major influence (Michie et al., 2011; Sutton et al., 2025). We report here how learning, as a result of the education provided through PDD, is moderated by the intervention content, quality, and nature of delivery. Where PDD delivery was in a group setting, participants reported that different aspects of the content would appeal to different people. Divertees tended to identify only one aspect (or a very small part) of the intervention that they could apply to their own situation, and described the informality of the delivery style:

> There were around 15 to 20 people in it, it was more just a chat . . . everyone had to explain what their drug of choice I think was the word, and what they've been caught with and why they attended the course. (Joseph, Force B, Type 1 Interviewee)

Educating divertees about both the short- and long-term issues that drug use can cause, such as mental ill-health, the physiological effects on the body, contributing to organised crime, financial implications, and direct and indirect social harms, were all common aspects of the content that people reported back to us. Participants described a variety of delivery tools, including case studies of long-term drug users, for example, 'you see some of the videos on there and you read some of the stories from other people on there, it's just like I don't really want to be like this'. Some diversion practitioners reportedly used visual images of the physiological damage that drugs can have on the brain, showing participants the difference between drug and non-drug users' organs to initiate discussion by then asking questions; for example, 'why do you think cannabis should be classified?' Some also included information about the long-term financial costs of drug use. One participant reported that this element 'made me realise and put into perspective how much money I was spending', while another stated this 'helped me obviously think ahead rather than in the moment'. It was also reported that some people were told how much drug dealers could make in a year, and how much local authorities were spending on combating drugs – which could be invested in their area if people did not contribute to drug demand. Some participants also described being asked to identify the pros and cons of their drug use and – as the quote below reflects – it was often as a part of this process that people susceptible to change realised that the cons were outweighing the pros:

> It made me really consider my situation and what causes me to smoke cannabis and how I can stop smoking cannabis. . .I've always been like, 'Oh, it's just a bit of cannabis. It's not that much of an issue.' But it made me realise, it made me more aware that obviously, when I did the pros and cons list that obviously there are a lot more cons to it than I had ever thought about before. (Ella, Force B, Type 1 Interviewee)

In Force A, where the education was delivered one-to-one, content could be tailored to the individual. Some divertees reported they were asked to watch back police body worn camera footage of themselves during their incident. As one diverted individual described, 'I've seen the footage of me screaming and swearing and being right horrible'. Another said that if he was the arresting officer he 'probably would have treated me a bit worse' due to his behaviour. Content also reportedly involved asking a series of personalised questions relating to the incident and drug use, ensuring they produced their own answers, for example, 'I think it was a good way that they did it by asking a lot of questions and not giving you straight answers and letting you work it out yourself'. This report echoes the techniques of motivational interviewing (Miller and Rollnick, 2002), in which all Force A PDD staff were trained. Education provided in group and individual settings sometimes triggered the mechanism of learning, which changed attitudes and behaviours for some PDD participants. We observed this particularly for divertees whose drug use was occasional or experimental, including ketamine and powder cocaine use in the night-time economy, and/or the first-time entrant to the CJS for a possession only offence.

Signposting

Signposting to further services through onward referral formed part of both Type 1 and 2 PDD schemes, but in different ways. Some group-attending divertees described how they were 'given a number at the end of the online session' so that they could call for more information about other services. In other cases, this was done by giving people a national drugs helpline number:

> I think it had a bit at the end of the course where it said, you know, you can Talk to Frank,[2] or there's these other numbers to contact . . . that was about it. (Arthur, Force B, Type 1 Interviewee)

Some online participants reported that they were given the option to stay on the call after the course to speak to the practitioner away from the group, but the uptake of this from our participant group was reported as low. The feasibility of learning about further support was affected for online group courses due to diversity in geographical locations of both the practitioner and attendees. This, therefore, limited the extent to which the practitioner could provide relevant information that could signpost attendees to their local drug and alcohol services.

Where short PDD interventions are localised and one-to-one, it was reported to us by divertees, for example, that practitioners made relevant referrals during the session itself, even though they would often not be in contact with them at the time of the appointment when it did eventually come around. Similarly, for the Type 2 intervention, divertees

reported how practitioners made referrals to services in the first appointment or 'needs assessment' session – recognising that there could be lengthy waiting times to access ongoing support. Where appointments with external agencies were offered during the Type 2 PDD intervention, practitioners were able to tangibly support divertees to attend, which leads us to the interrelated third and fourth of the PDD mechanisms we infer: handholding and need fulfilment.

Handholding and need fulfilment

These mechanisms follow the principles of Risk-Need-Responsivity (Andrews et al., 1990), with PDD practitioners tailoring the intervention they delivered by matching its level of intensity to the risk of reoffending, through targeting unmet criminogenic needs (Ministry of Justice, 2025). We have suggested elsewhere that divertees who have more entrenched levels of illicit drug use, often related to trauma and/or self-medicating behaviours, are unlikely to benefit from generic group education courses and thus the mechanism of learning in and of itself will not usually trigger the positive outcomes we depicted in Table 2 (Sutton et al., 2025). For divertees with these individual contexts, positive impacts may occur within the institutional context of a scheme that provides individualisation and targeted diversion processes. These require a longer duration and repeated contact, as well as good rapport or a 'therapeutic alliance' to be established between a practitioner and divertee (Meier et al., 2005). As only one scheme in our study (Force A Type 2) operated in this way, the two mechanisms we discuss in this section relate to the findings from this scheme only.

Divertees reported that the intensive level and consistency of emotional and social support received throughout the Type 2 PDD scheme (e.g. 'having someone to talk to on a regular basis') underpinned the broad positive outcomes they described. This supports what we know about drug treatment outcomes, in that the therapeutic alliance plays an important role in predicting positive process outcomes (Meier et al., 2005). Often, divertees reported that this was the first time they had experienced holistic and practical or 'hands-on' support. This support could be pre-emptive in nature and proactively facilitated through their one-to-one PDD sessions with the practitioner, to enhance the likelihood of positive outcomes:

> There are a lot of people who need help, but don't get offered it, and won't chase it, like myself. I'm an enclosed person. I won't go out chasing anything. I've never even left the country. I'm a proper home bloke, and some people I think with PDD being there when it's all going on and it's in the rough, I think if it happens straight away, it would be the perfect time for anyone in that position. (Ellis, Force A, Type 2 Interviewee)

Handholding can therefore be understood as a mechanism that involves a flexible PDD process that goes beyond educational learning and towards guided access and tangible facilitation into further individualised support, based upon an individual's unmet needs. In structuring the data underpinning our inference of this mechanism, we draw upon Maslow's (1943) hierarchy of human motivation to show how handholding and need fulfilment were found to interact. This rests upon a pyramid of human basic needs (physiological, safety, love/belongingness, and esteem).

Physiological needs. For many divertees, poverty was a relevant context for the mechanisms of handholding and need fulfilment. Type 2 divertees without basic physiological essentials were supported to meet these needs, including by PDD practitioners taking them to food, baby, clothes, and energy banks. Many divertees with these unmet needs at the point of PDD contact explained to us their embarrassment and shame around this, which had been a barrier to them accessing support previously; for example, 'At first I didn't accept it [food bank] because I felt embarrassed but she [the practitioner] made me just feel at ease'. This reflects what we were told about how practitioners often worked with divertees to challenge these feelings of shame. Where divertees could not meet their physiological needs as they were without the tools to do so (e.g. cutlery/crockery, white goods, basic furniture – a bed or somewhere to sit), practitioners were reportedly often able to source these from charity provision or free online marketplaces; for example, 'I had just gotten a house, and she was asking if there was anything she could do or help us with – cutlery and stuff like that'. Reported support also included applying to local authority emergency grant schemes with the divertee to purchase these kinds of necessities. Although digital accessibility may not have been considered a basic need at the time of Maslow's (1943) theory, it can be considered as such now if a person's safety needs are unfulfilled, for example, accessing most welfare support requires online access. Practitioners had their own use of the internet they shared, though could also hand hold divertees to gain independent access outside of the PDD session, for example, at a library.

Financial, physical safety, and security needs. The safety needs reported to us included welfare and financial, housing, employment, and mental and physical health (including addressing trauma and accessing drug treatment). Practitioners helped divertees access social security support to which they were entitled but were not yet claiming; for example, 'He helped me with my Personal Independence Payment and housing benefit and stuff' and 'she set my Universal Credit up for us because I'd just lost my job, so she got us set up'. A commonly reported barrier to this was the requirement to have a bank account, which could also be addressed with PDD support; for example, 'At the time, I didn't have a bank account and he was even helping me set one up'. One outcome of accessing welfare support was that divertees often had more financial independence than ever before. Another aspect of this mechanism was therefore helping divertees manage their financial position responsibly to promote stability; for example, 'She helped me with my budgeting because I would, kind of, just spend on stuff'. This also involved helping divertees change the frequency of their payments, so they would only ever be a short period without financial means should their budgeting skills fail in future; for example, 'Actually, we've split my UC [Universal Credit] payment, so I get it every two weeks so I'm not blowing it, like, all at once'.

Some divertees needed help to apply for social or privately rented housing, or with navigating online application systems; for example, 'I've got this thing at the minute where I'm trying to get a flat sorted out and she's giving me advice and stuff about that'. For others, it was accompanying them to visit properties and help them assess if it was safe and suitable for their needs; for example, 'He helped us the other day look at flats and stuff'. For those who were already in social housing, it sometimes involved liaising with the council to arrange an urgent move that would enable someone to break the

connection with whatever the housing circumstances were that had contributed to their offence; for example, 'They helped me a lot to get a move, because I had to move from the situation in the house, and the area. They helped write letters, and stuff, and they helped me deal with the council'. Practitioners could advocate on behalf of the divertee (with consent) to ensure any ongoing issues could be resolved. For example, one divertee had endured a long period of antisocial behaviour from his neighbours and the practitioner ensured every incident was reported to the council, showing him how to do so. The divertee explained how, as a result 'They [council] put a note through the door the second time and then after that it didn't happen again'.

The Type 2 PDD scheme also helped some divertees to access relevant training and/or qualifications, including applying for a driving licence (which doubled up as a form of identification, required for many of the other employment processes). For one divertee, this included assisting them to obtain the right certification so he could then apply for jobs in the construction industry:

> They found out what my living and working situation was and they helped me get my CSCS card which got me back into work. And then, like, he didn't do it for me but he basically told me how to fill out my provisional and stuff like that and helped me get that. (Arlo, Force A Type 2 Interviewee)

Divertees reported how practitioners also referred and attended with them to third sector organisations which provided more targeted support, such as that for unemployed young people; for example, 'The first time we spoke about [how] I wanted to start my own business, she gave me the link towards the Prince's Trust'.

Support with health needs. It was reported that general health needs were initially gauged by establishing if the divertee was registered with a General Practitioner (GP) surgery, and – where they were not – accompanying them to register with one and supporting them to attend appointments. This was reported as triggering a positive personal impact for some; for example, 'You get seen by your doctor and then you start caring about your health a bit more and more'. Divertees often reported undiagnosed neurodiversity at the point of police contact. Many of these divertees attributed their offending behaviour to these conditions (e.g. drug use and self-medication for attention-deficit hyperactivity disorder (ADHD)). Ensuring that divertees were assessed for this was a common process in the Type 2 PDD scheme, as was ensuring those already with a diagnosis were taking their medication correctly; for example, 'She's helping us get back on my [ADHD] medication'. General wellbeing advice and support was provided, including on the benefits of exercise. Some Type 2 divertees reported their achievements with this as a personal impact of PDD in itself; for example, 'My health went from being basically a dead man walking to I'm now training for the Great North run'.

Although few participants required high level or residential drug treatment, several reported how their practitioner had arranged this level of treatment where it was required, and that this had been successful; for example, 'I'm off everything. I haven't touched any drugs . . . I've been clean for three weeks and two days'. In other cases, such support was provided by referral to related services such as narcotics anonymous (NA) and/or local

drug and alcohol services; for example, 'The support [from PDD], it was just amazing. Like I said, it got me into NA and stuff and that really helped me'. Several Type 2 divertees reported the positive impact that consistent and timely support had on their mental health; for example, 'I've had the best experience with this just because it's free counselling. She wasn't a counsellor, but it really helped me'.

Meeting gendered needs. Facilitating access to more specialised mental health support was another key PDD health process. Gender became more of a prominent PDD context here, for the quarter of our interview sample who were women. Women frequently reported that their mental health had been impacted by domestic abuse, trauma, and/or sexual exploitation. Several women we spoke to had sole caring responsibilities for their children and whose children had either been removed or were at risk of removal due to the mother's drug use or other issues, largely domestic abuse, and ongoing mental health problems. In this context, practitioners reportedly advocated on behalf of the divertee at social care and child protection meetings. More directly, in some cases they provided evidence of the divertee's progress throughout the PDD programme, as well as ongoing emotional and practical support to attend. The reported impact of this was that mother and child were able to safely avoid removal; for example, 'I've won my children back. I've got my children back. I moved. My final hearing's on Monday'.

Divertees with experience of sexual assault and exploitation were supported through referrals and accessing rape and sexual violence charities that provided targeted interventions and trauma informed therapies:

> They offered help with past experiences of what I'd gone through. They'd spoken to me obviously about situations that I'd been in and how I put myself in those positions. They just basically all round helped me and taught me how to deal with situations instead of how I was dealing with them. (Opal, Force A Type 2 Interviewee)

Reports of domestic abuse were a prominent feature in accounts from female divertees about their offending behaviour and drug use. As the quote below reflects, where there are offences committed by two people in a relationship, domestic abuse is not always immediately evident and PDD was, in this instance, an opportunity for it to be addressed:

> Because we were locked in the cells together, I couldn't talk. I didn't tell anybody what was going on. I went to a domestic abuse group, and I realised, like, in the first session how controlling and possessive he was of me. Then I broke down. Then I had PDD the next day, and I had to make a plan for him to go. I made the plan, and I stuck with the plan, and I've never seen him since. Do you know what? It was the best thing we ever did. (Eleanor, Force A Type 2 Interviewee)

The combination of targeted specialised support from partner agencies with the broad emotional and support provided through PDD enabled these divertees to address many of the underlying reasons for their offending – which related to instability and a lack of safety, and other needs having not been fulfilled prior to the offence occurring.

Love/belonging needs. For many divertees, once their physiological and safety needs had been met, their familial, romantic, and social relationships then improved, which is known is an important aspect of 'recovery capital' (Hennessy, 2017). A common reported process underpinning the creation of positive social connections was for the practitioner and divertee to meet in a social space such as a cafe, community hub, or social group, to introduce a safe and familiar environment to the divertee. Although this encouraged positive socialisation for everyone partaking in this Type 2 PDD scheme, this was particularly important if the divertee reported that they faced social anxiety, and their offending behaviour or drug use was attributable to either isolation or a lack of positive connections; for example, 'I have social anxiety, so even just going out every month was a help to me'. Some divertees reported that they needed support leaving their home address and when they received this, over time they became more confident in being able to integrate socially; for example, 'I'm mixing with different people I have never seen before in my life, whereas 6 months ago I was barely able to speak with family, I was so nervous and anxious'.

Esteem. Once safety and belonging needs had been fulfilled, accounts of reported increased esteem followed; for example, 'It gave me a lot of confidence to make me see things a lot differently, so I thought I don't need to have drink to change [myself] – I just think differently'. Beyond this, some divertees gave examples to suggest that they had reached a point of self-actualisation, where they were seeking their own personal growth with activities such as volunteering and things that gave their life more meaning; for example, 'I'm helping the community now, helping, like, a church clearance'.

In building esteem, rapport or a therapeutic alliance could be considered as both a moderator of the mechanisms described above but also a mechanism in itself; for example, 'If you get on with your practitioner, that's half the battle won'. The team of Type 2 practitioners had professional health or criminal justice backgrounds, as well as some with lived experience of either drug use or other issues that were also experienced by divertees. Rather than professional background, however, it was the individual personalities that participants commented on as contributing to the positive outcomes they described. Those who did see a 'lived experience' practitioner, however, often also referenced the perceived added value of this:

> Honestly, he was unbelievable. I couldn't big him up anymore, mate, I couldn't put into words how good. He was unbelievable and we saw eye-to-eye with a lot of things. We had a lot of things in common. Our hobbies. We had a lot of interests – like [example of hobby]. So, we got on really well. (Arlo, Force A Type 2 Interviewee)

Divertees' perceptions around quality of delivery did not vary greatly, however, between practitioners with or without lived experience. Instead, participants expressed the necessity of being able to be honest with the practitioner; for example, 'His approach to the whole situation, he made me just feel I could be myself; I didn't have to pretend to be anybody'. This required being treated in 'a non-judgmental manner', being able to confide in them as they would a 'friend', and being made to feel like 'an equal'. There were no accounts of these aspects given that suggested that any participant had experienced the contrary, which is promising given the range of divertees we spoke to included experience of the whole PDD practitioner team.

Negative and/or unintended outcomes and their mechanisms

There were far fewer negative PDD outcomes reported than we may have expected to find from our theory of change (Stevens and Glasspoole-Bird, 2023). The one that was raised related to breaking continuity of employment. An individual who had been unemployed since their original offence occurred was independently motivated to undertake a training qualification to become a boxing coach. For him, the Type 2 intervention – with its deferred prosecution that would be the sanction for non-completion – prolonged the period where he felt unable to progress to employment:

> When they're people like me who are trying to find work, and are reluctant to put in for job applications, because of DBS [Disclosure and Barring Service], things like that, because I don't want it to flag up that I've got an ongoing investigation. (Yusuf, Force A, Type 2 Interviewee)

There were also some divertees who reported they had no issues that could be addressed by the Type 2 intervention and did not see a 4-month intervention to be necessary. In some cases, the duration of the Type 2 scheme was viewed as the 'punishment' they received in place of a criminal record, even though diversion was still preferred to a criminal sanction. For example, one divertee explained that even though the timing of his PDD sessions were very flexible, he had used his work employment allowance to attend some of them and this would have financially cost him more than the fine he believed he would have received, if he had not been diverted. He nevertheless preferred this option to a criminal record in case he left his job in future.

Discussion

These findings empirically specify the mechanisms (learning, signposting, handholding, and need fulfilment) through which we found PDD to produce divergent outcomes. They demonstrate how intervention intensity must be proportionate to avoid both under- and over-intervention. In line with our provisional theory of change (Stevens and Glasspoole-Bird, 2023), we have shown that PDD is applied to various groups of people who use drugs, including younger people with relatively low levels of drug-related need, and older people with histories of trauma and other complex needs. PDD is likely to work best when the diversion intervention suits the level and type of needs of the divertees. Diverting people away from prosecution is no guarantee that they will access support services. Many divertees will not need further support, other than not being criminalised. Others will require a range of referral and support opportunities in order to benefit from the mechanisms we have described as handholding and need fulfilment.

These findings align with realist accounts of complex criminal justice interventions, which emphasise that outcomes are generated through the interaction of mechanisms within specific social and institutional contexts (Pawson and Tilley, 1997; Pawson et al., 2005). The variation observed across PDD schemes should therefore not be understood as inconsistency or implementation failure, but as evidence that different mechanisms are activated for different individuals depending on prior experience, need, and local

delivery arrangements. The mechanisms highlighted in this article are shown to operate within and across different PDD models and explain the variation in outcomes observed. We recognise, however, that our qualitative findings cannot be generalised to the whole population of people who are exposed to PDD schemes. We therefore present them as learning points for any future design, implementation, and evaluation of future PDD schemes, and other similar programmes. Accordingly, the key contribution here lies in illuminating how and under what conditions diversionary mechanisms are activated, offering insights that are relevant beyond the immediate case studies (Pawson and Tilley, 1997; Pawson et al., 2005).

We have shown that the contexts and moderators within PDD include a scheme's intended purpose, content, duration, and frequency, as well as the individual context of the diverted person in relation to drug use type, frequency, and the extent (if any) of other unfulfilled needs. The mechanisms inferred from our analysis are shown to trigger outcomes across a range of needs (not just reoffending), including health, social integration, and wellbeing, thereby adding much needed depth to the outcomes identified by Blais et al. (2022). Both Type 1 and Type 2 PDD schemes can trigger learning and signposting to other forms of support. However, Type 2 interventions which offer more intensive, longer, and more individualised support, are more likely to trigger mechanisms of handholding and need fulfilment, leading to a broader range of outcomes for certain divertees.

The outcomes of both types of PDD schemes are variable and context-dependent, largely related to external factors not within the control of the police or diversion providers. For some divertees, more than a second chance is required if they are to avoid future risk of offending, particularly where they have already been through the CJS multiple times. While avoidance of criminalisation prevents yet another 'issue' in what can be complex lives, many of the people targeted by PDD already have a criminal record alongside other unmet needs. The widely reported harms of criminalisation, such as barriers to employment, are therefore often already present, reflecting classic labelling perspectives which highlight how formal criminal justice processing can itself generate longer-term harms and constrain future life chances (Lemert, 1951). PDD may avoid adding to these barriers but cannot be expected to eliminate them.

In these circumstances, PDDs' function is not primarily prevention, but as a harm reduction measure preventing further accumulation of criminal justice-related disadvantage (McAra and McVie, 2012; Stevens et al., 2022). This is consistent with arguments that police discretion and diversion can operate as harm reduction where interventions reduce the harms of criminal justice contact, even when deeper structural barriers remain (Beckett, 2016). This reinforces wider evidence that diversion is not experienced uniformly, and that its impacts are shaped by prior criminal justice exposure and the extent of existing disadvantage (Stevens et al., 2022).

For many divertees, particularly first-time entrants to the CJS and those whose drug use was occasional, the most positive impact occurred after the offence but before any learning triggered by the PDD scheme. While, as intended, this cohort avoided the harms of criminalisation, our findings suggest a PDD intervention may be unnecessary for some divertees, as it may not add more value than a simple on-street warning (as is commonly provided through a 'community resolution', even in forces that do not

operate formal PDD schemes; Shaw et al., 2022). These findings also resonate with broader concerns about proportionality and net-widening in diversionary practice, highlighting the need to calibrate intervention intensity to individual need rather than assuming that additional support is inherently beneficial (Kelly and Armitage, 2015; Stevens, 2011).

Finally, the absence of handholding and need fulfilment from Type 1 PDD schemes is important, as we found these mechanisms triggered change for divertees with more entrenched issues, who also have a higher probability of reoffending. While both types of PDD scheme can prevent further entrenchment in drug-related behaviours by offering learning that helps some individuals understand the risks and consequences of drug use, for those with more entrenched drug use, Type 2 PDD can be far more than a second chance – it can be a crucial opportunity to improve life circumstances through sustained intervention and support.

Conclusion

PDD schemes are most effective when they activate all four mechanisms – learning, signposting, handholding, and need fulfilment – in combination, with intensity matched to divertee need. Our findings relate to the combinations of contexts and mechanisms that trigger the outcomes of PDD schemes. In the three police forces we studied, we observed a complex mix of PDD contexts and components. Our analysis raises questions about whether the CJS is the most appropriate gateway to drug education for occasional users, as well as the only gateway for those with more entrenched drug use to access support that meets their needs. Avoiding criminalisation is of benefit to both groups. Indeed, for people who use illicit drugs on an occasional or recreational basis, the main benefit of a PDD scheme may be the absence of a criminal record. Some such people reported useful learning through PDD, but many did not. For those with more entrenched drug use, our research also raises questions of whether PDD – and the threat of a prosecution – is necessary to provide access to pre-emptive and proactive support that addresses a multitude of unfilled needs.

For now, we summarise the main contribution of this article, using a realist statement of 'if, then, because' (Leeuw, 2003). If PDD is designed to activate mechanisms of *learning, signposting, handholding*, and *need fulfilment* in ways proportionate to divertees' needs, then it can foster sustained behavioural and social change, because these mechanisms address both the immediate and structural factors that shape offending and recovery. When operating in this way, PDD can provide more than just a second chance.

Acknowledgements

The authors gratefully acknowledge the support of the members of the wider research team who carried out interviews and focus groups but did not act as authors.

ORCID iD

Rivka Smith https://orcid.org/0009-0001-8741-6417

Ethical considerations

This research received ethical approval from the University of Kent Staff Review Committee (REF0780b) on 07/03/2023 and abides by the University of Kent Ethics Code.

Author contributions

All authors were involved in aspects of the project design, data collection, and data analysis of the research upon which this article is based. All academic authors have subsequently contributed to the writing of this article and User Voice Peer Researchers have contributed verbally on written versions of earlier drafts.

Funding

The authors disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This work was supported by the Cabinet Office Evaluation Acceleration Fund.

Declaration of conflicting interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Data availability statement

The data supporting this article are not publicly available due to their containing information that could compromise the privacy of research participants. For the purpose of open access, the authors have applied a Creative Commons Attribution (CC BY) license to any Author Accepted Manuscript version arising from this submission.

Consent to participate

Informed consent was obtained from all research participants in writing where data were collected in-person. Informed consent was verbally obtained and documented at the commencement of each audio-recorded telephone interview, in accordance with approved ethical protocols.

Notes

1. Note that Portugal has decriminalised the possession of small quantities of drugs by replacing criminal penalties with referral to a 'committee for the dissuasion of addiction' and – in a minority of cases – administrative sanctions (Hughes and Stevens, 2010).
2. Talk to Frank is the UK government's website and phoneline for drug information: https://talktofrank.com/.

References

Andrews DA, Bonta J and Hoge RD (1990) Classification for effective rehabilitation: Rediscovering psychology. *Criminal Justice and Behaviour* 17: 19–52.

Bacon M (2024) From criminalisation to harm reduction? The forms and functions of police drug diversion in England and Wales. *Policing & Society* 34(3): 105–123. https://doi.org/10.1080/10439463.2023.2267729

Bacon, M, Glasspoole-Bird, Hendrie, N, et al. (2026) Implementation fidelity matters: Insights from a realist evaluation of police drug diversion schemes in England. *Policing and Society*. Epub ahead of print 9 April. https://doi.org/10.1080/10439463.2026.2651196

Beckett K (2016) The uses and abuses of police discretion: Toward harm reduction policing. *Harvard Law and Policy Review* 10: 77–100.

Blais E, Brisson J, Gagnon F, et al. (2022) Diverting people who use drugs from the criminal justice system: A systematic review of police-based diversion measures. *International Journal of Drug Policy* 105: 103697.

Clifasefi SL and Collins SE (2016) *LEAD Program Evaluation: Describing LEAD Case Management in Participants' Own Words*. University of Michigan; Harborview Medical Center.

Cooper C, Lhussier M and Carr S (2020) Blurring the boundaries between synthesis and evaluation. A customized realist evaluative synthesis into adolescent risk behavior prevention. *Research Synthesis Methods* 11(3): 457–470. https://doi.org/10.1002/jrsm.1407

Dalkin S, Forster N, Hodgson P, et al. (2021) Using computer assisted qualitative data analysis software (CAQDAS; NVivo) to assist in the complex process of realist theory generation, refinement and testing. *International Journal of Social Research Methodology* 24(1): 123–134. https://doi.org/10.1080/13645579.2020.1803528

Danermark B, Ekstrom M and Karlsson J (2019) Critical methodological pluralism – intensive and extensive research design and interdisciplinarity. In: B. Danermark, M. Ekstrom, and J. Karlsson (eds) *Explaining Society* (2nd ed). Routledge, pp. 165–196.

De Viggiani N (2022) *Drug Education as Diversion: A Mixed Methods Evaluation of the Avon & Somerset Drug Education Programme*. UWE.

Denman K (2018) *Evaluation of Santa Fe's LEAD Program: The Client Perspective*. New Mexico Sentencing Committee.

Hales J, Mayne M and Swan A (2004) *Evaluation of the Queensland Illicit Drug Diversion Initiative Police Diversion Program: Final Report*. Health Outcomes International Pty Ltd; Turning Point Alcohol and Drug Centre.

Harmon-Darrow C, Afkinich J, Franke ND, et al. (2022) Police diversion at arrest: A systematic review of the literature. *Criminal Justice and Behavior* 50(3): 307–329. https://doi.org/10.1177/00938548221131965

Hayhurst KP, Leitner M, Davies L, et al. (2019) The effectiveness of diversion programs for offenders using Class A drugs: A systematic review and meta-analysis. *Drugs: Education, Prevention and Policy* 26(2): 113–124. https://doi.org/10.1080/09687637.2017.1398715

Hennessy EA (2017) Recovery capital: A systematic review of the literature. *Addiction Research & Theory* 25(5): 349–360. https://doi.org/10.1080/16066359.2017.129799

Hughes C, Seear K, Ritter A, et al. (2019) *Criminal Justice Responses Relating to Personal Use and Possession of Illicit Drugs: The Reach of Australian Drug Diversion Programs and Barriers and Facilitators to Expansion*. National Drug and Alcohol Research Centre.

HM Government (2021) *From Harm to Hope: A 10-Year Drugs Plan to Cut Crime and Save Lives*. HM Government.

Hughes CE and Stevens A (2010) What can we learn from the Portuguese decriminalization of illicit drugs? *British Journal of Criminology* 50(6): 99–1022. https://doi.org/10.1093/bjc/azq038

Johnson SD, Tilley N and Bowers KJ (2015) Introducing EMMIE: Evidence rating scale to encourage mixed-method crime prevention synthesis reviews. *Journal of Experimental Criminology* 11(3): 459–473. https://doi.org/10.1007/s11292-015-9238-7

Jones M and Twomey B (2023) Leading local change: Police and crime commissioners and drug policy. In: Bacon M and Spicer J (eds) *Drug Law Enforcement, Policing and Harm Reduction: Ending the Stalemate*. Routledge, pp.275–297.

Joudrey PJ, Nelson CR, Lawson K, et al. (2021) Law enforcement assisted diversion: Qualitative evaluation of barriers and facilitators of program implementation. *Journal of Substance Abuse Treatment* 129: 108476. https://doi.org/10.1016/j.jsat.2021.108476

Kelly L and Armitage V (2015) Diverse diversions: Youth justice reform, localized practices, and a 'new interventionist diversion'? *Youth Justice* 15(2): 117–133.

Labriola M, Peterson S, Taylor J, et al. (2023) *A Multi-Site Evaluation of Law Enforcement Deflection in the United States*. RAND.

Lawson T (2019) *The Nature of Social Reality*. Routledge.

Layder D (1998) *Sociological Practice: Linking Theory and Social Research*. Sage.

Leeuw FL (2003) Reconstructing program theories: Methods available and problems to be solved. *American Journal of Evaluation* 24: 5–20.

Lemert EM (1951) *Social Pathology*. McGraw-Hill.

McAra L and McVie S (2012) Negotiated order: The groundwork for a theory of offending pathways. *Criminology and Criminal Justice* 12: 347–375.

Magaña EJ, Perrone D and Malm A (2022) A process evaluation of San Francisco's law enforcement assisted diversion program. *Criminal Justice Policy Review* 33(2): 148–176. https://doi.org/10.1177/08874034211033328

Maslow AH (1943) A theory of human motivation. *Psychological Review* 50: 370–396.

Matza D (1964) *Delinquency and Drift*. John Wiley and Sons.

Meier P, Barrowclough C and Donmall M (2005) The role of the therapeutic alliance in the treatment of substance misuse: A critical review of the literature. *Addiction* 100: 304–316.

Michie S, Van Stralen MM and West R (2011) The behaviour change wheel: A new method for characterising and designing behaviour change interventions. *Implementation Science* 6, 42. https://doi.org/10.1186/1748-5908-6-42

Miller W and Rollnick S (2002) *Motivational Interviewing: Preparing People for Change*. 2nd ed. Guildford Press.

Ministry of Justice (2025) *Independent Sentencing Review: Final Report and Proposals for Reform*. Ministry of Justice.

Pawson R and Tilley N (1997) *Realistic Evaluation*. Sage.

Pawson R, Greenhalgh T, Harvey G, et al. (2005) Realist review – A new method of systematic review designed for complex policy interventions. *Journal of Health Services Research & Policy* 10: 21–34. https://doi.org/10.1258/1355819054308530

Perrone D, Malm A and Magaña E (2022) Harm reduction policing: An evaluation of law enforcement assisted diversion (LEAD) in San Francisco. *Police Quarterly* 25(1): 7–32.

Piatkowski T, Kill E, Keating C, et al. (2025) Understanding the experiences of people who use drugs participating in a new drug diversion program in Queensland, Australia. *Journal of Drug Issues*. Epub ahead of print 27 June 2025. https://doi.org/10.1177/00220426251356909

Schiff DM, Drainoni M, Weinstein Z, et al. (2017) A police-led addiction treatment referral program in Gloucester, MA: Implementation and participants' experiences. *Journal of Substance Abuse Treatment* 82: 41–47. https://doi.org/10.1016/j.jsat.2017.09.003

Seddon T (2005) Paying drug users to take part in research: Justice, human rights and business perspectives on the use of incentive payments. *Addiction Research & Theory* 13(2): 101–109.

Shaw D, Stott J, Kirk E, et al. (2022) The use of out-of-court disposals and diversion at the 'front end'. *Crest, 19 January*. https://www.crestadvisory.com/post/the-use-of-out-of-court-disposals-and-diversion-at-the-front-end

Slothower M, Neyroud P, Hobday J, et al. (2017) *Presentation. The Turning Point Project: Implementation and 2-Year Outcomes*. West Midlands Police; University of Cambridge.

Smith R, Bacon M, Glasspoole-Bird H, et al. (2025) Achieving collaborative advantage in policing: Strategic and frontline partnership in police-led drug diversion schemes in England. *Policing : A Journal of Policy and Practice*. Epub ahead of print 7 November. https://doi.org/10.1093/police/paaf044

Spyt W, Barnham L and Kew J (2019) Diversion: Going soft on drugs? *Thames Valley Police Journal* 4: 44–58.

Stevens A (2011) *Drugs, Crime and Public Health: The Political Economy of Drug Policy*. Routledge.

Stevens A, Agnew-Pauley W, Bacon M, et al. (2026) Cascading constaint and subsidiary discretion: Perspectives on police discretion from police-led drug diversion and stop and search in England. *British Journal of Criminology* 66(2): 448–466.

Stevens A and Glasspoole-Bird H (2023) *Theory of Change of Police Drug Diversion: A Revised Programme Theory*. University of Kent, Canterbury (KAR id: 101726).

Stevens A, Hughes CE, Hulme S, et al. (2022) Depenalization, diversion and decriminalization: A realist review and programme theory of alternatives to criminalisation for simple drug possession. *European Journal of Criminology* 19(1): 29–54. https://doi.org/10.1177/14773708199887514

Sutton CE, Bacon M, Glasspoole-Bird H, et al. (2025) Triggering motivations for change: Exploring engagement in adult police-led drug diversion programs. *Drugs : Education, Prevention & Policy*. Epub ahead of print 14 April. https://doi.org/10.1080/09687637.2025.2566921

Van Dijk A and Crofts N (2017) Law enforcement and public health as an emerging field. *Policing and Society* 27(3): 261–275.

Weir K, Routledge G and Kilili S (2021) Checkpoint: An innovative programme to navigate people away from the cycle of reoffending: Implementation phase evaluation. *Policing: A Journal of Policy and Practice* 15(1): 508–527. https://doi.org/10.1093/police/paz015

Author biographies

Rivka Smith is currently Lead Researcher at the Joseph Rowntree Foundation and an Affiliate of the Vulnerability and Policing Futures Research Centre. She was previously at the University of Sheffield School of Law, researching policing. She is an interdisciplinary researcher with expertise in qualitative research methods.

Matthew Bacon is an interdisciplinary researcher with expertise in policing, drug policy, and qualitative research methods, interested in examining complexities in police operating environments and the impact of policing interventions.

Alexander Beerjeraz is the National Delivery Lead at User Voice. He has lived experience of addiction and the criminal justice system. Mr Beerjeraz has organised and worked in numerous research and consultation projects as a peer researcher, engaging with people in the justice system.

Jenni Berlin is the Lead Research Manager at User Voice, an independent charity working in the criminal justice system in the UK. Holding a PhD in Sociology from the University of Eastern Finland, she specialises in qualitative research with marginalised, vulnerable, and 'hard-to-reach' communities.

Paul Duckworth is Lived Experience Consultant at User Voice (UV). He has lived experience of drug addiction and the criminal justice system. Mr Duckworth runs a UV Prison Council, which has involved organising several research consultations.

Nadine Hendrie is a Research Fellow at the University of Kent, and her research interest includes the health outcomes of people involved in the criminal justice system, with research that focuses on young people, alcohol and substance use, public health, and randomised control trial management.

Mark Monaghan is a Criminologist from Loughborough University, UK. Influenced by realist methodology, his research concentrates on the turbulent relationship between evidence and policy, focusing primarily on aspects of national and international drug policy.

Samira Obed is the Training and Volunteer Manager at User Voice (UV). She has lived experience of drug addiction and the criminal justice system. She has vast experience in conducting interviews and focus groups on several UV projects in prison, probation, and in the community.

Katie Woodfinden is Lived Experience Consultant at User Voice (UV). She has lived experience of drug addiction and the criminal justice system. Ms Woodfinden runs two UV Prison Councils and has been a peer researcher in several UV research projects.

Alex Stevens is a Professor of Criminal Justice at the University of Sheffield with an interest in drug policy. He was previously a member of the UK Advisory Council on the Misuse of Drugs, and President of the International Society for the Study of Drug Policy.