



## An assessment of officer attitudes toward the training and use of a pre-booking diversionary program<sup>☆</sup>



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### ABSTRACT

The opioid epidemic in the United States has led police departments and other professionals to examine the current approach to drug enforcement. Different law enforcement diversionary programs, centered on public health approaches, have emerged. One such program, the “pre-booking” diversionary program, has been the subject of limited research. The current research assessed officer attitudes toward the training and execution of one such diversionary program in two urban police departments. Results from more than 100 surveys provide officers’ perceptions of the training they received and their involvement in the program. We provide their detailed feedback and suggestions for law enforcement, outreach workers, and treatment program personnel in hopes that such diversionary programs will become widespread and effectively utilized in more communities.

### 1. Introduction

At this point, there is little debate about the impact of the opioid epidemic in the United States. In 2017, nearly 68% of the 70,237 drug overdose deaths involved opioids (Scholl, Seth, Kariisa, Wilson, & Baldwin, 2019). Although that percentage is similar to what was reported in 2016, it represents an increase of more than 21% from 2015, and since 2013, 35 of the 50 states have reported increases in drug overdose death rates (Centers for Disease Control and Prevention, 2018; Scholl et al., 2019).

Those concerning numbers have led police professionals to question their current approach to drug enforcement. Research suggests that 84% of police chiefs report that a fundamental overhaul is needed to the way that the United States is addressing the drug problem. Regardless of whether the department represents an urban, suburban, or rural population, chiefs support a balanced approach to the drug problem, suggesting a combined public health/law enforcement model in which prevention and treatment are emphasized for nonviolent drug offenders (Drug Strategies and Police Foundation, 2004). These attitudes support the idea that communities cannot arrest their way out of the drug problem (Gang, 2017), leading some to label the support of a public health approach a paradigm shift (Reichert & Gleicher, 2017). To further support the paradigm shift, some researchers point to evidence that suggests that aggressive policing policies can actually lead to

higher overdose rates in a community (Bohnert et al., 2011) and can have negative impacts on public health prevention programs (Rouhani et al., 2019).

The recognition that change is required has led to the emergence of two different types of law enforcement diversionary programs that are grounded in a public health approach: pre- and post-booking models. Post-booking models, referred to in the United States as “legal-compulsory” or “therapeutic jurisprudence” models (Goetz & Mitchell, 2006), and in the UK as “arrest referral schemes” (Hunter, McSweeney, & Turnbull, 2005), have emerged as the most common diversionary programs. They are structured exactly as the name implies; the combination of social welfare and criminal justice measures takes place after arrest or detention. Critics of post-booking programs suggest that the arrest process stigmatizes the offender and implies that abstinence is the only acceptable outcome (Goetz & Mitchell, 2006); while others believe that the ethics of a coercive program are suspect and may actually negatively impact processes and outcomes (Hunter et al., 2005).

The second model, the pre-arrest model, has a different focus and is the emphasis of this paper. The pre-arrest model is sometimes referred to as the “therapeutic diversion” program (Goetz & Mitchell, 2006), “deflection” initiative, or “police-led diversionary” program (Reichert & Gleicher, 2017). These types of programs are less studied than post-booking initiatives and are becoming more common for persons with a mental illness, juveniles, and some drug and alcohol offenders (Goetz &

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Mitchell, 2006). The goals of a pre-arrest program are to divert the offender away from traditional criminal justice involvement (arrest [Reichert & Gleicher, 2017]) and reduce the barriers to entering treatment (difficulty accessing the treatment system [Schiff et al., 2017]). This public health model offers what Goetz and Mitchell (2006) refer to as “treatment on demand” and offers immediate and open access to a variety of different treatment options.

The limited research that does exist on pre-booking diversionary programs focuses on two different areas. The first is consumer outcomes, such as the number of referrals made, satisfaction with the referral and access process, post-treatment sobriety, recidivism, and positive social changes (Clifasefi, Lonczak, & Collins, 2016; Collins, Lonczak, & Clifasefi, 2017; Gang, 2017; Schiff et al., 2017; Varano, Kelley, & Makhoul, 2019); the second is officer attitudes toward the need and appropriateness of diversionary programs, and the willingness of officers to actively participate in the diversionary process (Hunter et al., 2005; Reichert & Gleicher, 2017; Rouhani et al., 2019). We designed this research study to expand on what is already known about officer attitudes by assessing whether police officers believe that they can serve as outreach workers at the point of initial contact given the complicated nature of that contact.

### 1.1. Results relating to consumer outcomes

The two most common forms for police-led diversionary programs are those in which people who are using drugs initiate treatment services by coming to the police department and asking for assistance, and those where the officers take a more active role in the identification of those in need in the community (Pearlman, 2016). From a patrol officer perspective, the former is more of a passive referral program, where the officers are not the primary outreach workers, and the latter requires more active outreach on the part of the officer. This is not meant to suggest that in a passive system the officers do not engage in outreach, it simply means that officer-centered outreach is not the primary mechanism of the referral process. Gang (2017), Pearlman (2016), and Reichert and Gleicher (2017) summarized the history of both the passive and active referral programs thoroughly.

These programs have resulted in different types of outcomes relating to various interventions. Preliminary results seem to have an influence on the popularity of the programs, as more than 200 departments in 29 states have started such referral programs since 2015 (Schiff et al., 2017). Some have even suggested that the popularity has benefitted from the reform movements of the 1990s, which encouraged the transition to community- and problem-oriented police practices (Goetz & Mitchell, 2006).

One of the first referral programs of its kind, the Gloucester (MA) model, focused on consumer outcomes, such as participation and sobriety. Schiff et al. (2017) reported that since its inception, a total of 429 referrals to treatment were made for 376 individuals. The program experienced an 86% placement rate, with 75% following through with the placement process. Of those who were placed directly into treatment, 80% spent seven days or fewer in in-patient settings. Of those who responded to the follow-up survey, 37% reported that they stayed sober after completion of the treatment program. Varano et al. (2019) reported that 80% of the participants in the Gloucester program had previous treatment experiences, with 31% having had six or more experiences with treatment.

Results reported from other communities, such as Brockton, Massachusetts, are similar to what Gloucester experienced. Varano et al. (2019) noted that in the first two years of the Brockton program, the police department completed 818 intakes, which suggested to the researchers that police departments could serve as a viable treatment access point for persons with a drug issue. Even in rural settings, departments are reporting better than average participation. Reichert, Gleicher, Mock, Adams, and Lopez (2017) reported that in four rural jurisdictions in Illinois, 83 people received services within the first

12 months of the program. Those numbers do not compare with what has been reported in larger jurisdictions, but they are no less significant given the rural nature of some communities.

Jurisdictions are seeing success regardless of who is responsible for the majority of the outreach. In some jurisdictions, officers are not identified as the primary means by which participants learned about the program (Reichert et al., 2017); yet in others, police are the driving mechanism by which the participants are identified (Clifasefi et al., 2016). In both cases, the programs have been successful. Additionally, a majority of participants reported positive interactions with police officers, commenting that police demonstrated a willingness to work hard to identify a placement and did so without being judgmental (Schiff et al., 2017; Varano et al., 2019). These comments were surprising to some of the researchers, because those who suffer from substance use disorders often have adverse police contacts (Varano et al., 2019).

Other program outcomes have concentrated on evaluating decreases in recidivism and improvements in the social determinants of crime, such as employment, housing, and income earnings (Clifasefi et al., 2016; Collins et al., 2017). One of the more commonly reported programs, implemented in 2011, is being used in Seattle, Washington, and is referred to as LEAD (Law Enforcement Assisted Diversion). LEAD participants experienced 60% lower odds of being arrested six months after program involvement and 39% lower odds of a felony arrest (Collins et al., 2017). They were 89% more likely to secure appropriate housing, 46% more likely to obtain meaningful employment, and 33% more likely to have a legitimate income following participation (Clifasefi et al., 2016).

### 1.2. Research relating to officer attitudes

While consumer outcomes are one way to assess pre-booking diversionary programs, others have examined officer attitudes about the need and appropriateness of diversionary programs, and the willingness to actively participate in the diversionary process. Reichert et al. (2017) noted that 86% of the officers in their survey supported the diversionary program and a majority of officers reported the need for more training. Despite their support, the officers reported limited participation in the referral process. When encountering someone who was in possession of drugs and struggling with addiction, only 20% of officers reported that they would “often” or “always” make a referral rather than an arrest. Additionally, 27% of officers reported that they “rarely” or “never” made a referral. Participant data supported these findings; only 15% of participants reported learning about the diversionary program through contact with police officers.

In a review of diversionary programs in the UK, Hunter et al. (2005) found that while supportive of the process, officers were skeptical about the ability of the program to engage users in treatment services. Outreach workers reported that the officer referral process was inadequate because many of the officers made exceptions and chose not to make referrals. In that study, referrals were avoided because the officer thought the offender was too dangerous, too old, too incoherent, needed an interpreter, or was not deserving. The outreach workers commented that the workload of the desk sergeant was also a barrier to treatment, noting that if an outreach worker was not at the police department at the time of the offender's arrival, a referral was unlikely.

Finally, Rouhani et al. (2019) found that years of service affected officer attitudes toward the treatment process. In a study involving officers in the city of Baltimore, about half of the officers commented that current arrest practices were ineffective at preventing drug use; instead, diversionary programs were favored even though they felt arrests should continue. Seasoned officers were more likely to believe that a diversionary program rather than an arrest would help to reduce crime and improve public safety. Years of service influenced an officer's knowledge of existing services, recognition of the barriers to treatment, and comfort in referring an offender to treatment programming. Seasoned officers also appeared to be more realistic regarding treatment

services than younger officers, recognizing that treatment was not easily accessible to offenders.

It is important to learn more about police-citizen contact to determine whether there are elements of that contact that cause officers to avoid the referral process. If referral programs struggle to succeed, is it possible that the lack of success is a function of design rather than of support?

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## 2. Materials and methods

In 2019, researchers prepared a survey instrument for a city health bureau in eastern Pennsylvania. The health bureau wanted to assess police officer perceptions of a police assisting in recovery (PAIR) program in two city police departments. PAIR is a pre-booking diversionary program designed for city residents 18 years of age and older. If an individual wants treatment they have three options: 1) Contact the police department, 2) Ask an officer for help, or 3) Walk into police headquarters. If the person presents to the police department, gives consent, and does not have a warrant, the officer contacts the drug and alcohol organization. An intake professional then conducts a drug and alcohol assessment. If treatment is available, transportation to the appropriate facility is provided. If treatment is not available, arrangements are made to meet with a peer recovery support person. If a police officer responds to a call involving a person under the influence of drugs and an arrest is not appropriate, the police officer is instructed to ask the individual, as appropriate, if they want drug-related assistance, and hand out a pamphlet detailing information about the PAIR program.

The survey instrument to assess the PAIR program was designed using information from two police officer focus groups. It contained 15 Likert-scale and multiple-choice items to assess officers' perception of the program, specifically in relation to their training and involvement with the program in the field. The paper survey was distributed to members of one police department at roll call. Participants completed the survey voluntarily and anonymously in approximately 15 min. Participants returned a total of 75 usable surveys for evaluation. Shortly after the researchers reported those survey results, officials from the health bureau administered the same survey to a second local police department, again at roll call. Participants returned another 34 completed surveys. The research team entered the results into a database so that appropriate statistics, summaries, and comparisons between the departments could be made.

While one sample is more than double the size of the other, these response rates are proportionate to the size of the available police force. Department 1 is a police department with approximately 150 members, serving a population of about 76,000 citizens. Department 2 is in close proximity to Department 1, with a police department of approximately 40 members, serving a population of about 27,000. Both are modern police departments with similar community policing philosophies.

The demographics and crime rates for both communities are similar. Department 1 serves a community with a poverty rate of 16.1% and a median household income of \$54,701; while Department 2 serves a community with a poverty rate of 16.7% and a median household income of \$50,143. The percentage of minority populations in each community is similar as well, with one being 40.6% and the other 44.8% (US Census Bureau, 2020). A review of 2018 UCR data indicate that the violent crime rate in one community is 273/100,000, and 254/100,000 in the other. Both communities have similar property crime

rates as well. One has a property crime rate of 1690/100,000; while the other has a rate of 1429/100,000 (FBI, 2020). The comparable residential composition and levels of violence in the communities that both police departments serve suggest that officers likely respond to calls and engage with the public in a similar manner.

## 3. Results

### 3.1. Sample demographics

The demographic make-up of the samples from both city police departments was very similar. Almost half of both samples (42% and 46%) were aged 31 to 40 years, predominantly male (93% and 94%), of non-Hispanic or non-Latino ethnicity (85% and 74%), and Caucasian race (84% and 82%), respectively. The large majority of officers (97% and 82%) in both departments who responded to the survey have patrol responsibilities. Of those who responded, about the same percentage (23% and 24%) of officers in both departments also serves as supervisors. The only noticeable difference between the samples was the participants' tenure as a police officer. Almost half (45%) of the police officers in the first department worked in that profession for only a few years (0 to 5), while almost half (44%) in the second department had been police officers for 11 to 15 years.

### 3.2. The significance of drugs in each community

Consistently from one department to the next officers had the opinion that their communities had a significant drug use/abuse concern. In one department, 74% of officers perceived a large or extremely large drug problem in their community; while in the other city, 58% of officers reported similarly. We should note that more than 94% of officers in both cities thought at least a mild drug problem existed in their community.

### 3.3. Impact of training

The next several survey questions measured the perceived impact of the training that police officers received on the PAIR program. An expert associated with the PAIR program in their community provided standardized training in a face-to-face format to police officers at their headquarters location. The expert presented the same training to both departments in a lecture and discussion format, which lasted approximately 25 min.

Results showed some differences in the officers' opinions regarding the training. Seventy-three percent of the officers from one city agreed or strongly agreed that the time allotted for the training was sufficient and well spent (Fig. 1). In comparison, less than half (46%) of the other sample agreed.

There were also disparities among participants regarding the appropriateness of the training for their role as a police officer. About 77% of police officers from one city reported scores on the higher end of the scale (agreed or strongly agreed), while only 42% of the other sample felt the training was appropriate for them (Fig. 1).

Following a similar pattern, 65% of officers in one city felt the training was useful in their work, while only 31% of the other sample felt that way (see Fig. 1). These figures show that officers did not perceive the utility of the training in the same manner in both cities. Police officers in the smaller of the two departments viewed the training more favorably than officers in the larger department.

### 3.4. Officer involvement in the program

The next section of the survey focused on officer involvement in the PAIR program. Keep in mind that the goal of the program is to provide resources to an individual, if wanted. To that end, the role of the police officer is to provide the citizen with information about the program at

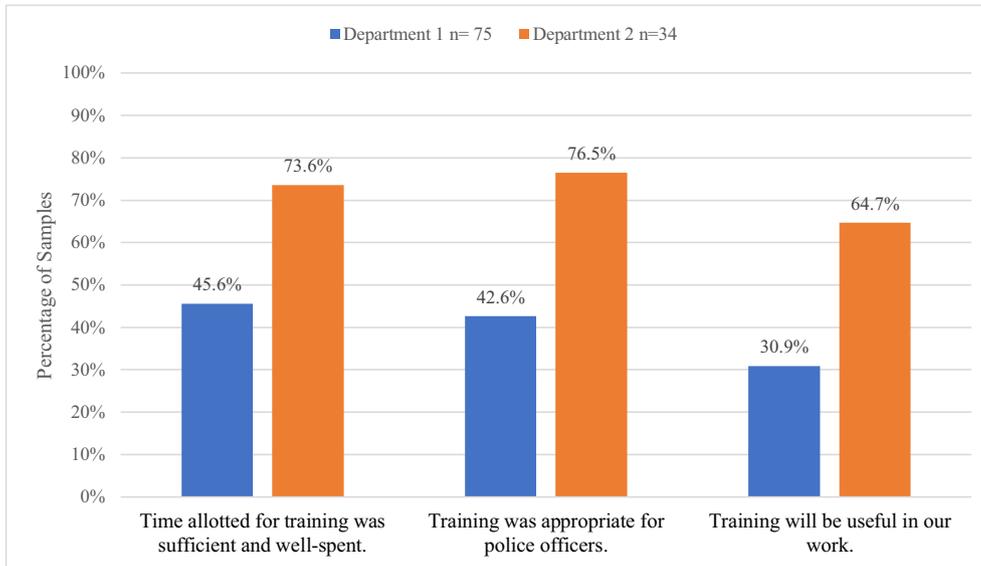


Fig. 1. Police officers' who agreed or strongly agreed to the statements regarding the appropriateness and utility of the training they received on the Police Assisting in Recovery (PAIR) program.

the point of contact in the community, or to assist in the referral process should the community member walk into the police department and ask for help.

Survey responses indicate that in both departments a large percentage of officers reported little to no involvement in the program. In one sample, more than 70% of officers reported little to no involvement, similar to the other city (76%). In both samples, more than 43% of officers reported no involvement at all.

Officers were asked to indicate how they felt about the PAIR program. Interestingly, it does not appear that the lack of participation in either department was from a lack of support for the program. Fig. 2 displays the large number of officers in each department who had favorable opinions about the program and would be supportive of it. However, many expressed that the community members whom they encounter are not interested in discontinuing their drug use, even though they are the individuals who would be most appropriate for the program. Or they felt that when responding to a call, it was not the right

time or place to discuss a program or hand out a pamphlet.

The survey also asked participants about the number of people to whom they have distributed a brochure about the PAIR program. Results show that about half of the police officers in both cities had not distributed a brochure to anyone. Respondents were asked questions regarding their encounters with individuals who may be high on drugs (see Table 1). Table 1 provides several reasons for officers' low number of referrals to the program. Many officers believed that some residents who would benefit from the program did not want to stop using drugs, and therefore did not want their help. Others said they had not had a chance to make a referral; that is, the calls to which they have responded did not necessitate such a response. Very few officers in either department reported that they did not have time to offer assistance; time was not the issue. Other reasons that officers wrote included: they were unaware that pamphlets were to be distributed; a language barrier existed; and they were not worried about handing out pamphlets when they were trying to revive someone.

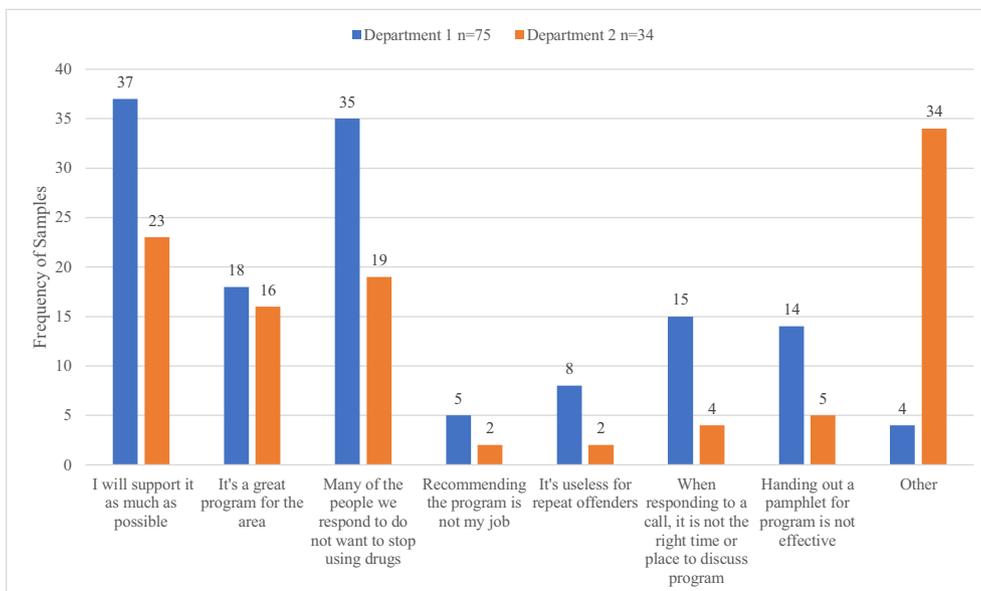


Fig. 2. Number of police officers' who expressed their various feelings toward the Police Assisting in Recovery program.

**Table 1**  
Number of police officer responses to questions regarding encounters with individuals who may be under the influence of drugs.

	Department 1 (n = 73)	Department 2 (n = 34)
<i>Reasons why police officers have referred few or no people to the program.</i>		
- They have not wanted my help	30	14
- I have not had the chance to make a referral	29	13
- I don't have time to hand out pamphlets when responding to a call	8	1
- Other reason	30	8
<i>Challenges police officers face when responding to a call in which the person may be high on drugs.</i>		
- Safety concern/possible danger	63	25
- Person's lack of coherence or rational thought	60	32
- Family Interference	35	12
- Other	11	27
<i>Actions police officers said they'd take, if there are no laws being broken when responding to a call in which the person may be high on drugs.</i>		
- De-escalate the situation and leave	20	7
- De-escalate the situation and give them a resource pamphlet	24	16
- Make an arrest	7	0
- Other	22	11

Note: Respondents could give more than one response to each of these questions.

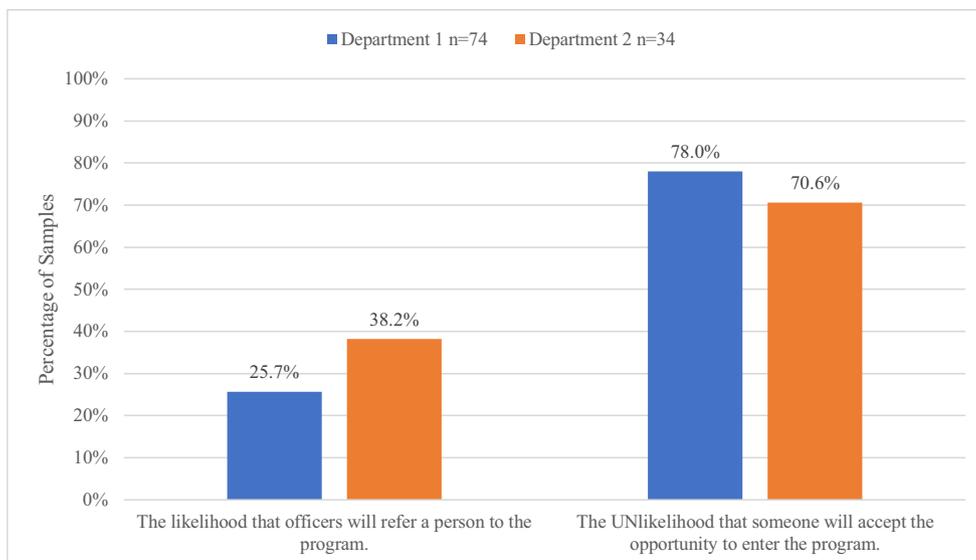
Other possible explanations for the low number of referrals to the PAIR program are evident in both departments (see Table 1). Nearly half of the officers surveyed reported that there could be a number of challenges when responding to a call where a resident is high on drugs. More than 70% of officers in each department commented that safety concerns while making the call or the incoherent condition of some offenders prevented them from making a referral. Other reasons included: the person was not interested, the person was a repeat offender, or the family interfered.

Officers were asked to indicate what actions they are most likely to take if there are no laws being broken when responding to a call for a person high on drugs. Table 1 shows that the most frequent response from both departments was to de-escalate the situation and give them a pamphlet, or de-escalate the situation and leave. Other responses included: direct them to police headquarters where they can get more information, and personally drop them off at a mental health facility.

When responding to a person who is high on drugs, the likelihood varied widely as to whether they referred him or her to the PAIR program. About a third of the officers said they were very unlikely or unlikely to make a referral, while another third said they were likely or very likely to do so, as Fig. 3 shows. This widespread disparity seems to stem from the officers' perception that the majority of individuals given

pamphlets were unlikely or very unlikely to accept the opportunity to enter the program (Fig. 3), based on previous experience with such calls in which a person is not interested or coherent, a person is a repeat offender, and so on.

The next question asked officers to indicate how much responsibility various types of people have for getting someone help for drug abuse. Table 2 shows that three-quarters of the officers in both cities felt that the person doing drugs has all or a lot of the responsibility for getting help. A large number of officers felt that family members should take all or a lot of the responsibility for getting someone help. Officers viewed mental health experts and the PAIR program representatives as sharing responsibility for getting the person help. Yet the majority of police officers felt they themselves should take no, not much, or only some responsibility for getting help for people abusing drugs (Table 2). These results reveal that the police officers felt that others in a person's immediate circle (self, family, mental health personnel) were more responsible for getting a person help than they (the officers) were. The officers did not view such a responsibility as a priority in their role as a police officer.



**Fig. 3.** When responding to a person who is high on drugs, the likelihood that police officers will refer him or her to the program, and the unlikelihood that someone will accept the opportunity to enter the program.

**Table 2**  
Percentage of responsibility that each person has for helping someone who is using drugs.

	Department 1 (n = 75)	Department 2 (n = 34)
Person taking the drugs	90.7%	79.4%
Family members of person	61.4%	64.7%
Mental health experts	56.0%	55.9%
PAIR program representatives	56.0%	64.7%
Police officers	19.8%	29.4%

### 3.5. Knowledge of community involvement

The last section of the survey focused on the officers' knowledge of the community's use of and involvement with the PAIR program. Almost half of the police officers in both departments thought the PAIR program had generated some response in the community, but about a fifth of the officers thought the program had generated no response at all. Similarly, the majority of officers in one city had no knowledge of the level of activity that the program had generated in the community. In the other city, half of the police officers believed that only a small number (1 to 10) of people had come to the police station for the program. Our findings indicate that few police officers, regardless of their level of awareness, perceived community members as taking advantage of the referral process. At the end of the survey, officers wrote in additional suggestions, such as educate the population and schools on the effects of drugs; have health professionals do follow-ups; contact the person before a home visit to let them know a police officer and counselor are on their way so that they are receptive to their visit; give pamphlets to soup kitchens and homeless shelters; and give refresher training to officers periodically.

## 4. Discussion

The results of the survey shed light on police officers' perceptions of the training they received on the Police Assisting in Recovery (PAIR) program and its use in their community. The results indicate widespread agreement among officers from both departments that drug problems exist in their communities, and subsequently, both departments support the philosophy and intent of the program. Yet some police officers did not feel the training was useful because they did not think that promoting the program was part of their role as a police officer. This opinion is interesting given that both departments have community-centered policing philosophies. Perhaps the command staff in a department has to reinforce the importance of community outreach and emphasize its role in reducing crime and improving the standard of living in each community for officers to buy into taking part in outreach themselves. One common factor in several of the more successful police-led diversionary programs (Schiff et al., 2017; Varano et al., 2019) is that the chief champions the practice. This top-down commitment may be necessary to continually relay the importance of the program to both members of the department and members of the community. Without continual reinforcement from the command staff, officers' opinions about the role they play in community outreach may diminish or restrict participation in such programs.

Similar to other studies (e.g., Reichert et al., 2017), officers in both departments supported the PAIR program but indicated little or no involvement in the program when responding to calls. Their reasons for lack of involvement focused on issues such as: a) viewing outreach as outside of their job duties; b) finding the offender does not want their help or is not in a mental or physical condition to accept their help; c) identifying risk or safety challenges in the situation; and d) placing responsibility for the situation on the offender (not police or medical personnel). The findings relative to the complexity of the call for service have potentially two operational implications for departments involved

in this type of intervention. The first is that it is possible that the nature of the initial contact between the officer and resident is not the most appropriate time for outreach. If issues such as safety and offender coherence are barriers to officer referrals, perhaps removing those barriers would help officers to make more referrals. Can community-centered events, where contact between police and citizens is more controlled, be a more appropriate venue for officers to serve as the point of contact? It may also be possible to use officers in an outreach capacity after an initial contact, at a point in time where the environment is better controlled. Contact between police and the community can be proactive and does not necessarily have to be the typical reactive result of a call for assistance.

The second operational implication relates to, and can be influenced by, officer perceptions that outreach is outside of their job duties and that the offender bears all of the responsibility for his or her recovery. If police-led diversionary programs are to be successful, departments must recognize the importance of crime prevention as a means to improve public safety. Public safety is not solely achieved through the enforcement actions of officers and departments. Proactive measures that intend to prevent crime and reduce the risk for certain members of the community can be more effective than many enforcement practices. If, as is the case in this study, officers recognize the significance of the drug problem in their communities and support some type of intervention, departments should be able to transition to a model where the responsibility for intervention is seen as holistic rather than individualistic. This is more a philosophical change than an operational one, but it is operational in the sense that the belief or philosophy has to be translated into and through officer behaviors.

One of the ways in which the command staff can try to influence and direct officer perceptions is to convey the results of the interventions directly to the officers. In both departments, a majority of officers had no idea whether members of the community were using the intervention. By failing to convey this information, the departments may have missed the opportunity to shape employee opinions and practices. A question for future research is whether the lack of continued follow-up by command staff translates into lack of action on the part of an officer.

However, the size of the police department may matter in the case of our study. As shown with these samples, the smaller police department reported more involvement in the program. Their increased involvement may be due to the size of their department and community, and the breadth of knowledge and experience handling a wide variety of situations. In large departments, officers may not respond to as many drug-related calls or those departments may have certain officers who are called upon more often in such situations.

The years of service or experience that a police officer has may also influence his or her involvement in a program like the PAIR. In these samples, officers with more experience felt the training was appropriate. But these officers were not necessarily the same ones to be involved in the program. This finding may be due to, for example, who is available to respond to calls, the safety of the situation, and officers' previous experience with the offenders.

Like any type of survey research, this study's findings are limited by the specificity of the sample of the police officers who responded. While the results of this research show these officers support the PAIR program, their feedback may not generalize to other police departments. The limited external validity of this research leads us to question whether a diversionary program such as PAIR is likely to be effective in other cities among other populations. However, the officers in our sample are representative of other similar police departments in adjacent communities. At the time that we administered the PAIR evaluation survey police departments across the state were focusing on their role in dealing with drug issues and treatment in their communities.

## 5. Conclusion

Future research should continue to explore the effectiveness of law enforcement diversionary programs, particularly those that utilize the pre-arrest model similar to the PAIR program studied here. Our results indicate that police officers are interested in the PAIR training and understand its potential. However, there are barriers that have to be overcome for more police officers to fully participate in such a program. Barriers include the perceptions officers have regarding their role in the outreach process, their responsibility in offender recovery, and the complexity of the initial call for service and point of contact. The lack of a champion of such interventions within the department may also prevent officer involvement and commitment to programs like PAIR. Increased communication among law enforcement officers, command staff, outreach workers, and treatment program personnel is necessary to identify the challenges to implementing PAIR, and corresponding solutions to these challenges. In addition, officers in our sample indicated that widespread drug treatment and prevention education are needed in communities.

### CRedit authorship contribution statement

**Scott Hoke:** Investigation, Writing - original draft, Writing - review & editing, Supervision, Project administration. **Kerrie Baker:** Methodology, Validation, Formal analysis, Investigation, Data curation, Writing - original draft, Writing - review & editing, Visualization. **Kristen Wenrich:** Conceptualization, Resources, Project administration, Funding acquisition.

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