Are Substance Use Deflection Programs Seen as Effective?

Exploring Police Attitudes on Program Implementation

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Abstract

Objective: To determine the prevalence and determinants of beliefs in substance use deflection programs' effectiveness among police officers working in agencies with diversion initiatives. **Methods:** We present responses from an anonymous online survey about deflection programs fielded to all law enforcement officers in the State of Delaware in January 2025. A total of 111 officers reported working in an agency with a substance use deflection program and completed relevant survey questions. Descriptive statistics summarize police officers' views on program effectiveness, attitudes toward leadership, beliefs in enforcing the law, occupational experiences, and personal characteristics. Logistic regression models isolate the factors associated with beliefs in program effectiveness. Descriptive statistics identify common barriers to deflection program implementation. **Results:** A majority (59%) believe their programs are effective. On average, over three-quarters of respondents express that deflection programs are appropriate, feasible, and implementable. Tough-on-crime attitudes and being in a position for less than five years diminish the likelihood of stating that a deflection program is effective. Knowing someone who has a substance use or mental health disorder and working in a larger police department increases perceptions of program effectiveness. The three most commonly cited barriers to program implementation were having people interested in treatment, homelessness/housing issues, and the potential ineffectiveness of diversion. **Conclusions:** Police officers generally believe their departments' substance use deflection programs are successful. Even more officers think programs can be easily and appropriately implemented. Commonly cited barriers highlight the difficulties in addressing substance use in communities. **Policy Implications:** This overall support for deflection underscores the potential for further cross-system collaborations with public health practitioners. Such partnerships may also be vital in addressing barriers that inhibit law enforcement-based deflection efforts. Further evaluation and research efforts can

demonstrate the impacts of substance use deflection and the practices that make deflection programs more successful.

Introduction

Across the United States, substance-involved overdoses pose a major challenge for public health officials and emergency responders to address. The Centers for Disease Control and Prevention revealed that fatal drug overdose deaths were at an estimated 105,007 in 2023.[1] Despite national rates decreasing from 2022, overdose incidents remain prevalent in various states. Delaware holds one of the highest drug overdose fatality figures in the U.S., with a rate of 55.3 deaths per 100,000 people in the total population.[2] Issues of substance use, including opioid misuse, continue to be pronounced at the state and county levels, creating pressure toward criminal justice responses.[3] With greater criminal justice contact among those inhibiting substance use disorders (SUD), efforts toward interventionist and harm reduction approaches provide an alternative model away from the criminalization of substance use.[4]

To redress Delaware's high number of fatal and non-fatal drug overdose incidents,[5] Delaware law enforcement agencies have embraced substance use deflection programs as a strategy. Deflection, also known as police diversion or pre-arrest diversion, aims to refer individuals presenting with substance use to treatment or supportive services before arrest and other crises necessitating police response occur.[6] Deflection programs typically feature one or more pathways to care: self-referral, active outreach by treatment providers following officer recommendation, naloxone plus as a post-overdose or acute risk of overdose response, officer prevention through treatment initiation, and officer intervention by holding charges in abeyance.[7] Although programs vary in form, all share a primary interest in diminishing criminal justice involvement and improving connections to care.

Police officers' attitudes can influence the success of a deflection intervention. This study examines the beliefs and opinions of police officers who worked in Delaware law enforcement agencies that have deployed a substance use-focused deflection program as of 2025. We present the results of a January 2025 survey inviting all police officers to share their views on deflection practices. We explore three research questions:

1) Do police officers think that their deflection programs are effective?

2) What are the predictors of officer beliefs in deflection program effectiveness? and

3) What are the barriers to the implementation of a successful deflection program?

We rely on descriptive statistics and logistic regression to address these questions. This research offers a contemporary and local look at law enforcement perspectives in an evolving landscape of public health and criminal justice collaborations targeting substance use and other behavioral health issues.

Background

Substance Use-focused Deflection Programs and Practices

In recent years, deflection programs have gained traction among U.S. law enforcement agencies, as well as caught the attention of many government legislators.[8] Although deflection practices are not a new phenomenon, social and political factors, such as the rise of drug overdoses,

changing community relations with the police, and renewed pushes to take a public health approach to mitigate mental health and substance use crises, have shifted their practice to meet the needs of community members.[9] In a report for the National Conference of State Legislatures, Widgery (2023) defined deflection as,

> "Deflection programs occur before arrest or prior to initiation of a law enforcement or other justice system contact. These programs generally provide a path to treatment for individuals with mental health or substance-related needs with the goal of averting the need for an emergent response from law enforcement or health services. Programs typically involve law enforcement, peer support specialists, recovery coaches, clinical staff, case managers, or social workers."[8]

The overarching goal of deflection programming is to utilize community-based and public health approaches to prevent crime and address the needs of community members, rather than using the traditional, punitive, criminal justice system strategies of reacting to criminal offenses. Deflection programs are voluntary and usually happen before being charged with a crime. There are varying types of substance use deflection programming, including co-responder models, community outreach teams, post-overdose interventions, and officer routine activity prevention. In particular, substance use deflection programs aim to direct community members to treatment or resources for their substance use in an attempt to solve the underlying mechanisms leading to frequent substance use.[10] Examples of pre-arrest deflection programs include New Castle County Division of Police's Hero Help Program,[11] Dover Police Department's Angel Program,[12] and the Delaware State Police's Police Diversion Program.[13]

Police Attitudes

Amid the growth of deflection programs, attention should be given to the buy-in of law enforcement officers tasked with implementing these efforts. We consider how police officers' perceptions and attitudes view the effectiveness and implementation of deflection programs. We specifically evaluate the role of four factor sets (i.e., leadership, tough-on-crime attitudes, occupational experiences, and personal characteristics) in potentially shaping beliefs. First, leadership's stance on deflection programs and practices may influence officers' willingness to engage in alternative policing practices[14,15] Early deflection programs responding to rising overdose rates have demonstrated chiefs' energy and hard work made programs possible in the first place (see the example of the Gloucester, MA Police Department's Angel Program[16]).

Second, tough-on-crime views may impact views on deflection as a non-traditional alternative. Literature suggests officers can take on more "warrior" or "guardian" policing styles.[17] The former emphasizes a strong "crime-fighting" strategy that prioritizes law and order through officer control, while the latter focuses more on service through community engagement and building relationships.[18] These worldviews affect officer cynicism (or optimism) towards the rehabilitation of people in treatment, even impacting their everyday decisions to refer qualifying individuals to treatment.[19]

Third, the occupational experiences of police officers may shift attitudes toward deflection programs. Deflection training, including education about substance use and naloxone administration, has a profound range of impact on perceptions about police officer skills or

readiness,[20] people who experience overdoses,[21] and overall programmatic interventions.[22] Experience in larger departments reflects differences in resources and opportunities to perform their jobs. Moreover, an officer's tenure and length of service in their current position as a police officer can change identification, relationships, and involvements with their departments.[23] Longer service can further expose officers to issues of substance use and outcomes following police encounters with individuals diagnosed with SUD.[24]

Fourth, an officer's personal identity may serve as a lens to perceive the effectiveness and implementation of deflection programs. Gender[25,26] and race/ethnicity[27,28] are associated with differences in officers' willingness to engage in more empathetic, communication-focused, and community-oriented policing practices. Personal relationships with others diagnosed with behavioral health disorders could also lend to different understandings of and feelings toward people affected by substance use disorder.[22,29]

A main critique of literature on deflection and other service-centered approaches to policing is that studies largely do not consider whether police deflection programs have an impact in the community.[30] A more recent analysis of the effectiveness of police-involved overdose outreach programs in New England found police thought outreach and conversations with people who use drugs (PWUD) about treatment options successfully encouraged individuals to be involved in treatment, but place less weight on the idea that these mechanisms impact a person's decision regarding entering treatment.[31] This study's analysis of police buy-in and perceived effectiveness adds to the growing knowledge on treatment and public health approaches to reducing substance use and substance use-related issues.

Methods

Data

This study presents descriptive and multivariate regression results derived from an original survey of Delaware police officers to gauge their attitudes on deflection programs. The survey is part of a series of surveys launched on behalf of the Criminal Justice Council's Delaware Comprehensive Opioid, Stimulant, and Substance Abuse (COSSAP) Saving Lives project, supported by the U.S. Bureau of Justice Assistance (15PBJA-22-GG-04461-COAP). All surveys are anonymous and voluntary. This approach allows officers to confidentially answer questions. The research team, though, is unable to perform longitudinal data analysis because we do not track respondents and their responses over time.

Data for this study derives from a 2025 online survey disseminated via a link embedded in an email to all police officers working in state and local law enforcement agencies. The survey was available for six weeks from January to February 2025. All responses were captured by REDCap, a secure data collection and record management system. Respondents were not compensated for completing the survey, and completion of the survey was voluntary.

A total of 369 police officers completed the survey. Among the completed surveys, 131 officers (36% of the sample) reported working in an agency with a substance use deflection program. Our final sample contains 111 respondents, who answered all deflection program and demographic questions.

Dependent Variables

Our study has 14 dependent variables associated with our research questions. The first variable measures deflection program effectiveness. We asked respondents, "How effective do you think a substance use deflection program will be in your community?" and gave them a four-point scale ranging from "extremely ineffective," "ineffective," "effective," and "extremely effective." Due to skew in the response category, we collapse this question into two categories: "ineffective" (=0) and "effective" (=1).

Then, we use 12 dependent variables to measure police officer attitudes towards the implementation of their department's substance use deflection program in more detail. We replicate the 12 implementation outcome questions provided by the National Institutes of Health's Justice Community Opioid Innovation Network (JCOIN).[32] Such survey questions were originally developed by Weiner et al. (2017) as part of a psychometric assessment strategy for program implementation.[3] We ask respondents to rate on a four-point scale whether they "strongly disagree," "disagree," "agree," or "strongly agree" with 12 statements. Nine statements ask if "our agency's deflection program…" "seems fitting", "seems suitable", "seems applicable," "seems like a good match", "seems implementable," "seems possible," "seems doable," "seems easy to use," "meets my approval," "is appealing to me." We likewise ask two individual-centered questions: "I like our agency's deflection program," and "I welcome our agency's deflection program." These sentiments tap into the acceptability, appropriateness, and feasibility of the program.

Our last dependent variable measures perceived barriers to deflection programs. We ask police officers, "Do you perceive any barriers to implementing a diversion program?" and ask them to check off all potential barriers from a list of 17 options. These options included: "working with service providers," "having people interested in treatment," "officer 'buy-in' with the program," "a lack of diversion training," "creating partnerships with treatment centers," "the potential ineffectiveness of diversion," "the potential for diversion to be time-consuming," "not enough officers employed," "a lack of available treatment services/options," "staffing shortages at treatment centers," "housing issues/homelessness," "transportation to services," "overcoming addiction," "addressing trauma/PTSD," "the potential complexity of diversion," "the potential financial costs of diversion," and "Other." If a respondent selected "Other," they had the opportunity to add another barrier as free-text in a space provided below.

Independent Variables

We introduce 11 independent variables to measure attitudes toward leadership, approaches to crime, occupational experiences, and personal characteristics of police officers participating in our survey. Our first variable of police officer attitudes toward leadership was captured through a leadership index. Respondents were asked to provide their level agree with the statements: "Leadership within my department encourages thinking about problems in new ways," "Leadership within my department gives encouragement and recognition to staff," "Leadership within my department communicates a clear and positive vision of the future for our department," "Leadership within my department encourages my professional development," "Leadership within my department fosters trust, involvement, and cooperation among staff" "Leadership within my department is supportive of police-led diversionary programs (i.e., substance use, mental health)." A six-item scale was created based on a factor analysis using polychoric correlations. Cronbach's alpha results demonstrated a high internal reliability

between items (alpha=0.90). An appendix table presenting these factor loadings is available upon request.

Our second independent variable concerns the approaches of police officers when enforcing the law and addressing crime. A tough-on-crime index was generated by asking participants their level of agreement with the following items: "If police don't arrest for minor offenses, it will only encourage more serious crime," "It is the police officer's job to enforce the law 'by the book.'" " The only way for police to get respected is to get tough on offenders," and "Police should be enforcing the law, rather than engaging with substance use or mental health issues." Factor analysis using polychoric correlations confirmed that items loaded onto one factor. Cronbach's alpha demonstrated acceptable internal reliability for this measure (alpha=0.58). Factor loading estimates are also reported in an appendix table that is available upon request.

Next, several characteristics of police officers' occupational background are analyzed. Dichotomous variables were included to capture exposure to deflection training (1= received, 0= not received), large department size (1= more than 51 officers, 0= 50 officers or less), length of time serving as an officer (1= more than 10 years, 0= less than 10 years), and the length of time in the officer's current position (1= five years or less; 0= six years or more). Lastly, we account for the personal characteristics of police officers. A dichotomous measure was utilized for sex (1 = male, 0 = female). Race and ethnicity are also captured through a dichotomous variable (1= non-Hispanic, white, 0= other racial/ethnic group). We also include if they have any close friends or family members who have or had a substance use disorder (SUD) or mental health illness (MHI) (1 = yes, 0 = no).

Analysis

We performed four sets of analysis on this final sample. First, we present descriptive statistics describing the sample of police officers working in departments with substance use deflection programs and their overall beliefs about their programs' effectiveness. Next, we summarize descriptive statistics about the implementation of their department's substance use deflection program. We replicate JCOIN's implementation outcomes measures introduced by Weiner and colleagues (2017) to solicit perceptions of program acceptability, appropriateness, and feasibility. Third, we display the results of a logistic regression model that predicts officer beliefs about deflection program effectiveness based on their beliefs towards leadership, approaches to enforce the law, occupational experiences, and demographic characteristics. Finally, we show proportions of officers who agreed to survey-identified barriers to the implementation of deflection programs. The research team identified these barriers based on prior research[4] and informal conversations with key informants participating in the COSSAP project.

Results

Descriptive Results for Overall Deflection Program Effectiveness, Attitudes, and Characteristics of Respondents in the Sample

Table 1 provides descriptive statistics for the overall attitudes and characteristics of police officers in agencies with deflection programs. A majority (59%) of these officers believe that their department's substance use deflection program was effective. These respondents have generally positive views toward leadership (3.03 out of a possible maximum of 6 in agreement). On average, they tend not to have strongly tough-on-crime views when enforcing the law

(average index value is 2.61). Approximately half (48%) of the sample received some form of deflection training within the last year. Over three-quarters of the respondents work in departments with 50 or more officers, have least ten years of service, and have been in their current position for 5 years or less. Demographically, police officers were predominantly male and white. Almost two-thirds of respondents express that they know a close friend or family member with substance use or a mental health disorder.

Table 1. Descriptive Statistics of Attitudes and Characteristics of Police Officers in Agencies with Substance Use Deflection Programs (n=111)

	Mean	SD	Min	Max
Program Effectiveness	.59	.49	0	1
Leadership Index	3.03	.69	1.18	4.30
Tough-on-Crime Index	2.61	.54	1.10	3.85
Deflection Training	.48	.50	0	1
Large Department Size	.85	.36	0	1
10 or More Years of Service	.81	.39	0	1
5 or Less Years in Current Position	.71	.46	0	1
Male	.88	.32	0	1
Non-Hispanic, white	.86	.34	0	1
Knows someone with SUD or MHI	.67	.47	0	1

Descriptive Results for Respondent Views on Deflection Program Implementation

With considerable support for deflection programming, we then explore police officers' beliefs about the acceptability, appropriateness, and feasibility. Table 2 details responses concerning the character of their agency's substance use deflection program using twelve psychometric measures of program implementation. When considering acceptability, four out of five officers welcome deflection programs and approve of them. A strong, but slightly lower proportion (67%) find deflection programs appealing. About 75% of respondents state that they like their agency's deflection programs.

Table 2. Percent Distributions of Officer Beliefs About Character of their Agency's Substance Use Deflection Program (n=111)

	Strongly disagree (1)	Disagree (2)	Agree (3)	Strongly agree (4)	(3)+(4)	Mean
Acceptability						
Meets approval	4.46	12.50	68.75	14.29	83.04	2.93
Appealing	4.46	28.57	53.57	13.39	66.96	2.76
Likes program	5.36	19.64	61.61	13.39	75.00	2.83
Welcomes program	5.41	12.61	64.86	17.12	81.98	2.94
Appropriateness						
Seems fitting	3.64	15.45	68.18	12.73	80.91	2.90

Seems suitable	3.57	11.61	72.32	12.50	84.82	2.94
Seems applicable	3.57	10.71	73.21	12.50	85.71	2.95
Seems like a match	3.57	11.61	70.54	12.29	82.83	2.96
Feasibility						
Seems implementable	3.57	9.82	72.32	14.29	86.61	2.97
Seems possible	4.50	10.81	70.27	14.41	84.68	2.95
Seems doable	3.60	9.01	72.07	15.32	87.39	2.99
Seems easy to use	2.70	12.61	69.37	15.32	84.69	2.97

Substance use deflection programs score high on metrics of appropriateness and feasibility. Over 80% of police officers agree or strongly agree that these initiatives seem fighting, suitable, applicable, and like a match. Similar levels of support are found for beliefs that the program is implementable, possible, doable, and easy to use. Only a small percentage (less than 5%) of police officers strongly disagree with the appropriateness and feasibility of their department's program.

Logistic Regression Results Predicting Beliefs in Deflection Program Effectiveness

Table 3 presents estimates of a logistic regression analysis predicting police officers' beliefs in the effectiveness of their department's substance use deflection program. Attitudes towards leadership do not appear to have a strong impact on views towards deflection programming. Police officers who take on tougher-on-crime perspectives are significantly less likely to believe in the effectiveness of deflection programs. Occupational experience has mixed effects on police officers' perspectives on deflection initiatives. Results suggest that training does not strongly influence views. Those working in larger departments are more likely to express that the agency's deflection efforts are effective. Tenure, as measured by length of service, also does not play a significant role in shaping attitudes; however, staying in one's position for less than 5 years reduces the odds of believing in a deflection program's efficacy by 68%. Personal characteristics of officers also matter. Gender and race/ethnicity do not substantially change beliefs about deflection programs. Knowing someone with substance use or a mental health disorder, however, makes an officer significantly more likely (i.e., 130% increase) to agree with the effectiveness of a deflection program.

Table 3. Logistic Regression Estimates Predicting Substance Use Deflection Effectiveness (n= 111)

	Odds Ratio	SE
Leadership Index	1.59	0.54
Tough-on-Crime Index	0.24***	0.12
Deflection Training	0.98	0.47
Large Department Size	3.01*	1.99

10 or More Years of Service	0.89	0.50
5 or Less Years in Current Position	0.32**	0.17
Male	0.51	0.42
Non-Hispanic, white	0.69	0.46
Knows someone with SUD or MHI	2.30*	1.12
Pseudo R²	0.152	

p<.10*, p<.05**, p<.01***

Descriptive Results of Police Officers on Barriers to Deflection Program Implementation

Table 4 summarizes descriptive results of perceived barriers to implementing a substance use deflection program among police officers. The table ranks barriers from most to least frequently reported. The most common barrier to program success is having people interested in treatment. Approximately 65% of police officers identify individuals' interest in treatment as an obstacle. The second most cited barrier among police officers is housing issues or homelessness, with 60% of the sample identifying this as an issue. Almost a majority (49.5%) names the potential ineffectiveness of deflection as a barrier. Other considerable barriers include logistical concerns, such as staffing shortages at treatment centers (42%), transportation to services (36%), and a lack of available treatment options (36%). About a third of police officers distinguish "buy-in" and not enough officers employed in deflection programs as problems. Offices have fewer operational concerns about a lack of diversion training and the financial costs of diversion. A large portion of the sample (42%) believes that overcoming addiction challenges affects deflection efforts.

Table 4. Summary of Police Officer Beliefs about Barriers to Implementing a Substance Use Deflection Program (n=111)

	Freq.	Percentage
Having people interested in treatment	72	64.86
Housing issues/homelessness	67	60.36
The potential ineffectiveness of diversion	55	49.55
Staffing shortages at treatment centers	48	43.24
Overcoming addiction	47	42.34
Transportation to services	41	36.94
A lack of available treatment services/options	40	36.04
Officer "buy-in" with the program	39	35.14
Not enough officers employed	37	33.33
Working with service providers	32	28.83
The potential for diversion to be time-consuming	32	28.83
The potential complexity of diversion	30	27.30
Creating partnerships with treatment centers	22	19.82
Addressing trauma/PTSD	16	14.41
A lack of diversion training	14	12.61
The potential financial costs of diversion	12	19.82
Other	3	2.70

Discussion

Deflection has become an attractive alternative to traditional methods of arrest, formal charging, and incarceration when police encounter individuals presenting with substance use disorder symptoms. The opinions of law enforcement officers should be given special attention, as they shape the legitimacy of a deflection program and expectations for its outcomes. This study explored the beliefs of Delaware police officers working in agencies with deflection programs to discern general attitudes about program effectiveness, implementation, and barriers to program success. We summarized 111 responses about deflection programs from a survey fielded to Delaware police officers in January 2025 using descriptive statistics and a logistic regression model to predict beliefs in the effectiveness of their agency's deflection program.

Our study points to four findings. Police officers generally believe their departments' deflection programs are effective. We found that 59% of officers ranked their program as "effective" or "extremely effective." We then determined that police officers express stronger beliefs in the acceptability, appropriateness, and feasibility in the implementation of deflection programs. Four out of five officers agreed with statements that deflection programs seemed "doable," "fitting," "possible," "easy to use," "implementable," and "like a match," among other metrics. Two-thirds of the sample reported "liking" deflection programs. Next, we established drivers of beliefs in program effectiveness. Results of a logistic regression model show that knowing someone with behavioral health issues and working in a larger department increase the likelihood of describing deflection programs as effective. Conversely, tough-on-crime attitudes and being in a position diminish beliefs in program efficacy. Our study found less support for the potential roles of leadership, tenure, training, race/ethnicity, or gender on police officers' opinions toward deflection initiatives. Finally, police officers agree that a range of barriers inhibit deflection programs. While interest in treatment and homelessness appear to be common issues related to enrollment, almost half (49.5%) of police officers cited the potential ineffectiveness of diversion as a concern.

The study has several limitations to be kept in mind. Due to concerns for privacy and confidentiality, we were unable to ask questions about the details of officers' positions or their departments. For example, we cannot determine whether a respondent was directly involved with a deflection program. We also could not ask officers to name their departments or the communities that they serve. Substance use problems, including overdose death and opioid-related arrest rates, and available behavioral health services vary across geographic space.[33] It is possible that perceptions of program effectiveness relate to underlying conditions in their jurisdictions and their exposure to everyday deflection program operations. Next, we do not know how deflection program perceptions relate to the specifics of the problems. We also do not know when a deflection program began or the nature of the intervention (e.g., staffed with volunteers, full-time clinicians, part-time case managers, or specially trained officers, etc.). More advanced or fully resourced programs, such as Hero Help, may encourage police officers to think differently about substance use deflection relative to newer or smaller initiatives. Furthermore, our survey derives from a smaller sample of officers in Delaware. The views of over a hundred officers may differ from those of their colleagues, as officers who do not have strongly positive or negative feelings about substance use deflection may not have completed the survey. Our findings of program effectiveness and predictors of these views may also not generalize to areas without knowledge of, exposure to, or training for deflection programs.

Public Health Implications

Results of this study point to two implications for public health. Because police officers generally believe that deflection programs work, we can expect that deflection as a practice has legitimacy among the ranks of law enforcement. Such positive responses to deflection may be an indication of evolving understandings of the role of police in combating high overdose death rates in their communities. Likewise, it may suggest that deflection programs may have buy-in from ordinary officers over time. Police leadership and public health practitioners may be reasonably hopeful that officers may eventually see the utility of new deflection programs. This study further underscores that officers understand the real barriers to deflection programs. Commonly cited issues to implementing deflection programs — interest in treatment, housing or homelessness, staffing shortages, and fears of program ineffectiveness — are not simple to resolve. Indeed, these issues point to the need for cross-system collaboration to encourage connection to direct and indirect supportive services. Deflection has considerable promise, underscoring an evolution in how law enforcement officers perceive their responsibilities and how police can better serve their communities.

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Acknowledgments

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